



THE PROGRESSIVE DENTIST

Vol. III

JANUARY 1914

No. 1

CONTENTS.

ORIGINAL COMMUNICATIONS.

Removal of Impacted and Unerupted Teeth — Fred'k K. Ream, M. D., D. D. S.	1
Dentistry in the Talmud.....Samuel Greif, '14	3
Orthodontia — A Failure.....M. J. Emelin, D. D. S.	6
Items of Practical Value.....M. J. Emelin, D. D. S.	9
Asepsis or Antisepsis.....Maurice Green, D. D. S.	10
Tuberculosis of the Larynx (Continued).....Albert Bardes, M. D.	11
To Well-wishers of the "Progressive Dentist".....P. D.	14
Editorial Department	10
Care of the Oral Cavity in Infancy.....Dr. Jesse Feinberg	17
Students' Department.....	10
N. Y. C. D.—Mechanical Steps in Anatomical Articulation — A. L. Seldin, '14	18
C. D. O. S. N. Y.—Senior, Junior & Freshman Notes.....	19
Dental Society News.....	20
Dental Hints.....	20

Published by the

PROGRESSIVE DENTIST PUBLISHING ASSOCIATION

347 E Tenth Street New York City.

Subscription: 50 cents per year. Single copies, 10 cents.

Brooklyn Dental Co.

DENTAL SUPPLIES OF EVERY DESCRIPTION

350 Fulton Street,

Brooklyn, N. Y.

AGENTS FOR COLUMBIA CHAIRS, ENGINES,
LATHES AND ALL OFFICE EQUIPMENT BY
THE BEST MANUFACTURERS

SEE US ABOUT YOUR OUTFIT

Telephones 796 and 797 Main

ASK your dealer for our BROACHES

They will give you good service

We are the sole agents in Greater New York, for
MILLER'S CROWN AND BRIDGE CEMENT

Try our NOPAINE, a local anaesthetic, contains
no cocaine, or any other dangerous narcotics

WILLIAM BRODY & COMPANY

Dental Manufacturers

67 WEST 125TH STREET

Telephone Harlem 1531

NEW YORK



SCIENTIFIC DENTAL ALLOYS

Sterling White Alloy

Standard White Alloy

High Standard Gold White Alloy

Contour Plating Gold Alloy

Contour White Alloy

Imperial Alloy

BEST:

¶ **Because** they are scientifically prepared on the principles accepted by the highest authorities as the best practice.

¶ **Because** the materials used are PURE—CHEMICALLY PURE—not merely “commercially pure.”

¶ **Because** we are specialists—and have specialized in making alloys for years.

¶ **Because** they cost no more than the ordinary inferior alloys.

I. STERN & CO.

Manufacturers of

DENTAL ALLOYS

112 W. 116th Street

NEW YORK



TRADE MARK REGISTERED

'Phone 7674 Morningside

Notice to Students.

**A FREE COPY OF
THE TWENTIETH CENTURY
MOULD BOOK**

[Third Edition]

is awaiting you at our dental depot and will be presented to you free, if you will call and fill in a card request.

This book presents the best known method of selecting and ordering all forms of teeth. You will find it very useful when you enter practice.

***Unexcelled Facilities
for Service.***

Our retail dental depot is one of the largest and most conveniently arranged in the country. Our extensive and well selected stocks enable us not only to supply your wants, but to show you many articles which you will be glad to know about and may need later.

Come in and see of how much service to you we can be.

THE DENTISTS' SUPPLY COMPANY

220 WEST 42nd STREET

NEW YORK, N. Y.

Take Broadway car at 2nd Ave., and get off at Broadway.

The advertisers support this paper. Patronize the advertisers.

The Progressive Dentist

Vol. III

January 1914

No. 1

THE SURGICAL TECHNIQUE EMPLOYED IN THE REMOVAL OF IMPACTED AND UNERUPTED TEETH THE USE OF ANALGESIA AND LOCAL ANESTHESIA FOR THEIR LIBERATION AND A PLEA FOR STANDARDIZATION OF METHODS.

Paper by Fred'k K. Ream, M. D., D. D. S., Aeolian Hall, New York
City. Read before Eastern Dental Society, Dec. 4, 1913.

Dr. C. N. Pierce, page 646, Vol.
III. American System of Den-
tistry, says:

"An impacted lower third molar at the base of the coronoid process is capable of giving as much excruciating and persistent suffering as is possible for human nature to endure. There is no abnormality or lesion coming in the province of the oral surgeon which demands more prompt action or for the time, more thoroughly taxes to the uttermost his best judgment and skill.

It is quite natural that the various specialties of medicine and surgery should have rather vague and indefinite boundaries where one many times overlaps the other; and this is quite true of operations in the mouth. The Rhinologist thinks that he should care for all maxillary sinus operations in his own way. The oral surgeon in his; the general surgeon hesitates to refer palate and hair-lip operations to the oral surgeon, more proficient though he may be and more versed in the anatomy of the parts.

And so it is true of operations for the removal of impacted and unerupted teeth. The Exodontist thinks they should be handled in

the office operating room; the surgeon in the hospital. Now I grant you that in days gone by, many such cases should have been hospitalized that were not, just because the average dental office equipment was not designed with any view to aseptic procedure and practically no thought was given thereto. This fortunately is not the case now-a-days, and the office of the extraction specialist should and does rival the hospital in cleanliness and precaution against sepsis. This being true, then why should we subject our patients to the really needless worry and expense of hospital procedure in the dental office. I make this assertion advisedly. It is my belief that the operative technique that these cases demand is carried out with less strain to both operator and patient under office conditions.

The technique that I am in the habit of using for the removal of impacted lower molars is this: Diagnosis is confirmed by a radiograph showing to a nicety the position, shape and extent of impaction of the offending tooth. The patient is then prepared for operation and mouth cleaned as thoroughly as is possible.

Local anathesia or analgesia is used for the preliminary mouth operation, the patient being conscious, suffering no pain or extreme discomfort, and able to give what assistance he may in keeping his head and mouth in the proper position, and emptying the mouth when necessary.

The first procedure is to cut through the crown surface of the impacted tooth with a carborundum disk, freeing it from the second molar. If it is not possible to cut as deeply as is necessary with the disk the cutting may be completed by the use of a fissure bur in the contra angle hand piece. The tongue and cheek being all the time protected from injury. After this the tooth is freed entirely by cutting buccally and lingually with a spear pointed drill, only sufficiently to permit of free engagement of the tooth by the forceps and if necessary, the use of the elevator; cutting is also done over the root portion, the amount being determined by radiogram.

It is advisable to perform the surgical preparation under the almost continuous irrigation of hot iodine or Lysol solutions, by means of a suspended irrigator as is used in hospitals. The tooth is then tested as to its rigidity with the forceps or elevator. If there is no rotation with moderate force it is a simple matter to do a little more cutting where necessary and with forceps and elevator the tooth is raised from its socket, preceeded by complete anesthesia.

The patient is permitted now to regain consciousness and after a few minutes of recovery the socket is again irrigated and packed with antiseptic dressing. Swelling and pain can be in a very great degree controlled by the use of hot fo-

mentations which should be constantly applied together with hot antiseptic solutions held in the mouth for the first twenty-four hours. Daily irrigating and repacking suffice for recovery sufficient to permit of home treatment, and two weeks will practically end all discomfort. After dismissing these patients they should be provided with soft rubber ear syringes for cleansing the wound until fully closed.

Now compare, if you will with this simple and efficient procedure that resorted to by many oral surgeons who under anesthesia cut away the soft tissues and chissel away bone sufficiently to permit of the impacted tooth being removed root first, or buccally, without previously releasing it from its impaction.

Aside from the inevitable weakening of the jaw, consider the difference in extent of traumatism to the soft tissues from one operation and the other, which would you rather have done in your own mouth? Consider the rapid recovery on the one hand and the necessary slow rebuilding of tissues on the other! With the proximity of the Mandibular branch of the fifth nerve—compare the pain from one and the excruciating torture from the other! I doubt if any one of us is justified in subjecting our patients to such tissue destruction thus unnecessarily.

Upon one occasion I administered a nitrous oxid and oxygen anesthetic through the nose, for one hour and twenty minutes for the removal of an impacted lower third molar. The operation was performed in the hospital by a prominent oral surgeon. The patient was confined in the hospital for one month and incapacitated

for three months. The tooth was liberated by mallet and chissel and large surgical burs.

With other impactions than those of the third molars, the procedure is practically as simple. The radiogram eliminates nearly all necessity for exploitary work, and our office facilities are indefinitely better in this work than those of hospitals. Of course, it is difficult to command as large a fee for these office operations as by hospitalization, but in how very many cases can the patient ill afford, or not at all afford, this extra expense! And of the patients who can afford it, all of them, if permitted to choose, would decide on that operation that is manifestly easier, better and safer, and promises the more rapid recovery, viz., the office operation which I have outlined.

To summarize—I plead for a

standardization of methods. Let a number of different cases be selected and handled by advocates of the various methods and note that conditions as follows: 1st. Time required in operating; 2nd., general past operative condition of the patient as regards traumatism to hard and soft tissues; 3rd., general condition of patient after operating and time required for complete recovery.

A report from an impartial committee by way of comparison showing radiograms of each case would be educational and of infinite value to the profession at large.

I shall present a few slides of typical cases as they appear in office practice in order to clinically verify my operative technique.

(Discussion by Drs. Hasbrouck, Green and Lederer, and a reply by Dr. Ream will follow in the next issue.)

DENTISTRY IN THE TALMUD.

A Valuable Contribution to the Early History of Dentistry.

By Samuel Greif.

(Sixth Article)

Baba Kama 13b, 14a. Said R. Hisda in the name of Abimi: In a partnership court one partner is liable to the other partner for damages done by the tooth and the foot.—Also R. Joseph taught: In a partnership court and an inn, one is liable for damages done by the tooth and the foot.—R. Eliezer, however, makes them free and explains the mishna that there is no liability for foot and tooth when it belongs to the plaintiff or to both the plaintiff and the defendant.

Note. Baba Kama is the first tract of the Seder Nezikin (damages, jurisprudence). The subject

of jurisprudence has already been discussed in the note under the extract of Kidoshin 24a, b. The extracts following, from Baba Kama, Baba Metzia, Baba Bathra, and Sanhedrin, all come under the section Nezikin, and cover the topic of Dental Jurisprudence.

B. K. 16a. (Mishna). There are five cases which are considered non-vicious and five which are considered vicious.—The tooth (of an animal) is considered vicious.

(Gemeara). Therefore said Rabhina: The mishna is not completed, and should read as follows: There are five cases which are considered

non-vicious until they are declared to be vicious; the tooth and foot, however, are considered vicious from the very beginning, and this is called the vicious ox.

B. K. 16b. When a lion seizes anything (on public ground) and eats it, then (the owner) is not liable, because it is his nature to seize things. It is then like the eating of fruits and herbs (by cattle). So is it with tooth-damages on public ground, which need not be paid for. But the tearing, on the contrary, is not the lion's nature.

B. K. 26b. We have learned: When the master is a physician and (the slave) implores him to treat his eyes, and he blinds it, or to drill his tooth, and he breaks it out, then he has tricked his master and goes out free.

B. K. 27b, 28a. R. Kahana objected: Ben-bag-bag said, Never enter the yard of your neighbor unpermitted to take what may belong to you (in case the latter refuses to return it), in order that you do not appear like a thief to him. **Better strike his teeth out,** and say to him: I take what belongs to me. The other replied, Keep this to thyself; Ben-bag-bag is alone in his opinion and the Rabbanan dispute him. Rabhina explains: Under strike his teeth out it is to be understood: bring suit against him.

B. K. 34b. (Mishna). If his ox blinded the eye of his slave or knocked out his tooth the owner is not liable (i. e., the slave is not to be manumitted), but if he himself blinded the eye of his slave or knocked out his tooth he is liable.

B. K. 35a. There was an ox that

belonged to R. Papa who when he once suffered from toothache removed the cover from the beer barrel and drank from the beer to be cured. (See Sabb. 64b.).

B. K. 73b. If a man blinds the eye of his slave and thereafter strikes out one of his teeth, he shall manumit the slave for the sake of his eye, and pay him the value of his tooth. If it occurs vice versa, i. e., if a man strikes out the tooth of his slave and thereafter blinds one of his eyes, he shall manumit him for the sake of his tooth, and pay him the value of the eye. He must do so because it is written "for the sake of his eye" which does not mean for the sake of his eye and his tooth and "for the sake of his tooth" which does not mean for the sake of his tooth and his eye.

B. K. 83a. Once a woman went into a certain house to bake, and a dog, through barking at her, caused her to have a miscarriage. Said the landlord of the house: "Fear him not, I have deprived him of his teeth and claws"; but the woman answered: "Throw thy favors to the dogs, the child is already gone!" (See Sabb. 63b.).

B. K. 92b. The people used to say: Sixty-fold pains does a tooth experience when it hears another (eating) and does not eat itself.

Baba Metziah 42b. There was a guardian of orphans who brought an ox for the orphans and transferred it to the shepherd. The ox had no teeth and could not eat and finally died.

B. Metz. 85a. Said Rabbi: I see that chastisements are favored. And he accepted for himself afflic-

tions for thirteen years, six of them with cold chills and seven of them with **cephidna** (an oral disease—see Yoma 84a). And during all the years Rabbi was suffering from his illness, it never happened that the country was in need of rain.

B. Metz. 113b. Samuel said: To all sicknesses I know a remedy except the following three:—and if one takes his meal and immediately goes to sleep without walking four ells (which causes offensive breath). (See Sabb. 41a).

Baba Bathra 15b. R. Yocanan said: It is written (Ruth i. 1): "And it came to pass in the days when the judges judged," etc. It means, it was a generation that judged the judges. If, e. g., the judge said to them: "Take out the splinter from thy teeth," they answered, "If thou wilt take the beam out of thy eyes, I will remove the splinter from my teeth." (See also Sabb. 81b, Betz. 33a, b, Arak. 16b).

Sanhedrin 39a. From R. Mair's three hundred fox fables we have only three: (a) "The fathers have eaten sour grapes and the teeth of the children were set on edge" (Ezek. xviii. 2); (b) "Just balances, just weights" (Lev. xix. 36); (c) "The righteous is delivered out of distress and the wicked cometh in his stead" (Prov. xi. 8).

Note. In the text nothing is mentioned of what the fables were. Rashi, however, explains it thus: The fox said to the wolf, If you would go in a Jewish yard on the eve of Sabbath to assist them in the preparation of meals for Sabbath, they would invite you for their best meal on Sabbath day. And when the wolf was severely

beaten while doing so, he wanted to kill the fox. He, however, told him: This was because your father, in assisting them to prepare their meal, consumed the best of it and ran away. And to his question: Should I be beaten because of my father? he answered: Yea, the fathers have eaten sour grapes and the teeth of the children are set on edge. However, if you will follow me I will show you a place where you can eat to satiation. And he led him to a well in which two pails were pulled up and down by means of a rope attached to a beam. And the fox entered in one pail, which dropped down to the bottom. And to the question of the wolf: For what purpose did you enter the pail? he answered: I see here meat and cheese which will be sufficient for both of us. And he showed him the reflection of the moon on the water, which he mistook for a round cheese. And asking the fox how he can get it, he was told to enter the other pail, which was on top. And to the cry of the wolf: How can I come out? he answered: The righteous is delivered out of distress and the wicked cometh in his stead.

(To be concluded in the February issue).

Though they affirm
A deadly germ
Lurks in the sweetest kiss,
Let's hope the day
Is far away
Of antiseptic bliss.
To sterilize
A lady's sighs
Would simply be outrageous;
I'd much prefer
To humor her
And let her be contagious.

—Exchange.

ORTHODONTIA—A FAILURE.

By M. J. Emelin, D. D. S., New York.

Barring bad habits from infancy, accidents and man's interference, I believe that deformed jaws and malposed teeth are to be considered as a natural evolution of those irrational modes of life which lead to nasal ills and obstructions to normal breathing, for which progressive civilization is responsible.

I have contended once before that overindulgence and genital disorders lead to nervous diseases and are the pre-eminent causes in the etiology of oral diseases. Since the effect of pleasures is cumulative, each pleasure, no matter how innocent it may be, is "another nail in our coffin," causes another cavity in some tooth, develops another form of pyorrhea or another tooth-irregularity.

Both the medical and dental professions recognize that the Gothic arch, crowded, malposed teeth, open bite, short upper lip, lower lip disproportionately thick and fleshy, deformed jaws, mouth-breathing, depressed spirit, anaemia, sallow complexion, dark-blue rings under the eyes, lips parched most of the time, protruding eyes with a look of fear or guilt, are all symptoms and effects of nasal obstructions.

Thus far we have no scientific data explaining the causation of nasal obstructions and the attendant consequences of mouth-breathing, the evil effects of which are not yet fully appreciated. These effects, increasing as they do with the passing of time, tend to make us toothless. Nasal ills and mouth-breathing are the most direct and offensive features we have to consider. Unfortunately, most nasal

disorders are incurable. This is established by the majority of eminent men in the medical world.

Mouth-breathing must have been a common affliction even among the Greeks, for only the widespread existence of this trouble could so alarm the national health-lovers as to induce the pathetic destruction of feeble infants in order to preserve and raise the nation's standard of health. Ancient sculpture also bears evidence of this abnormality and shows that it was one of the national infirmities. Be that as it may, the discussions of these composite and time-defying causes of nasal ills and tooth-decay, linked in the chain of other causes, must ever be agitated until we reach a consistent truth, and not until then should we harbor orthodontia as a specialty of dentistry.

Though the meagre knowledge of orthodontia is but an acquisition of recent years, orthodontic subjects were in existence in times past. We should not tolerate the evolution of mechanical devices through the many and prolonged tortures of the very young. **An experimental stage of operative principles, and the perpetuation of a craze should not be practiced upon our helpless children.** The watchful societies for the prevention of cruelty would bestow a kind act in handcuffing the orthodontists, as they muzzle the child at the expense of its health and happiness.

Regulation of crooked teeth will never cure obstructed nasal breathing and acquired habits of mouth-breathing, nor restore normal breathing; neither will mechanical

cleaning alone ever be a preventive of tooth decay. Like every craze it lasts longer while it remains in the hands of the few. However, the conservatives have long since recognized the inefficiency of orthodontia. The general practitioners of dentistry are giving signs of an awakening in which I see the decline of orthodontia as a specialty. We should welcome the last days of the orthodontic fallacy—of the mutilating of the young for money.

On general principles we seek to deal with the causes, and if possible remove them. Orthodontia could claim the garment of science if it should learn to correct the effects by first eliminating the causes which have produced them. To remedy the effects is but a secondary consideration. In most instances, the cause having been removed, nature takes care of the rest. The orthodontists disregard this cardinal principle of surgery. They endeavor in a few months to correct an effect which nature has taken from four to six years to produce. Would one dare to push bulged eyes in or sunken eyes out, change the dark-blue rings under the eyes, stretch down the upper lip? Ah, right here people know something! Would that the orthodontists could destroy these unmistakable signs of mouth-breathing!

It is known that the development of teeth as that of all other organs supplied with nerves and blood, is retarded through lack of use, or growth may even be arrested to the point of malformation, as a result of some protracted disease with high fevers. We are all familiar with the yellowish stripes and pits that are observed on the surface of the enamel. This pitted enamel deformity, so displeasing to the possessor and of-

ten impossible to remedy, is quite expressive of the time and seriousness of the illness which kept the child's life for days at a low ebb.

Certainly all tissues have suffered; but the enamel is the only structure which survives to tell the tale. All shocks to our nerves, pleasurable or otherwise, are cumulative in their effects. Whether it is an illness for days or a torture for months, we must pay the price, we must suffer the consequences—and we do. This once accepted we can readily perceive how persistent orthodontic forces, in their own way, interfere with the normal tooth development and severely disorganize the enamel. We need not dismiss the inference that therein is convincing reason for the fallacy of the orthodontia practice.

Time again we have blundered in good faith until experience has shown us our errors. We all remember the grave mistake introduced by Dr. Arthur, whose faulty principle had been practiced by the foremost men of the profession. Recognizing this and other facts, an orthodontist of national reputation at one time wrote, "Most deplorable in the statistics of orthodontia practice is the discouraging percentage of failure." Thus it is gratifying to observe that the dental profession in its struggles for the good and humane, is realizing that orthodontia, like most fads, must fall in **disfavor**, sooner or later. It should be sooner.

For obvious reasons orthodontia will never become fashionable. The orthodontist will soon realize that he is not as yet on the highest plane in the development of dentistry, but is a microscopic part of it, a dental corruption. Think of an orthodontist who looks down

on the dental fraternity and tells them that "they are **stoppers of holes**, as a rule"! This bold attitude is rather in keeping with the rest of the orthodontic measures. Apart from this ungratefulness, also the fact, of petty discord among the different schools of orthodontia is not agreeably regarded by the dental profession and is decidedly an evidence of a lack of fellowship.

"Man, proud man, drest in a little brief authority, plays such fantastic tricks before high heaven, as make the angels weep."

We justly protest against, and have long outlived, the name of "tooth-pullers" fabricated by "yellow journalism," yet, to our sorrow, there still thrives a large element, who, though knowing better, malpractice dentistry for the dollar by shamefully extracting useful teeth or roots for the substitution of artificial dentures. We know that malposition of teeth invariably follows the untimely extraction of the first permanent molars. While the cause of malocclusion is mouth-breathing, we are able to maintain that the enormous and wrongful extraction of teeth in days gone by is the direct and most exciting cause of general malposition of teeth. The actual existence of orthodontia is a rebuke to those few dentists who are largely responsible for the careless, nay, criminal extraction of the first permanent teeth.

Just as orthodontia ushered itself into the profession to correct in some measure the above-mentioned errors of the past, it will likewise disappear in proportion to the weeding out of that offensive element which dishonestly extracts teeth that could easily be saved. The correction of one or two malposed teeth in instances where

one has suffered unwarrantable extraction, but who is **otherwise a normal breather**, may be needed and could be done without cruelty, with simplicity; and to some advantage to the crippled mouth, but these cases are so few that neither a whim nor a specialty is required. Such corrections for the **good** of the patient and for the **good only**, are justifiable when the malposed teeth interfere with the proper construction of a permanent denture, which is to render good service.

Only a year ago, or thereabout, Dr. Kingsley said: "The success of orthodontia as a science and art now lies in the retainer," while in the same paper he frankly admits that: "The ideal retainer has not yet been devised." The **retainers in most cases fail to retain**. The most recent regulating appliances are defective in the point of retention. These, like all wires, bands and clamps are **true causes of enamel decay**, and should be condemned. The regulating devices, by their presence and long **interference with the functions of the saliva**, directly induce enamel decay in the form of spots and lines. The polishing out of this form of decay is but another incriminating apology. Moreover, these speculative methods are employed at an age when teeth most readily yield to causes of delay.

The **metal-poisoning** alone is an established fact, and the use of these regulative devices **cripple mastication** for many long months. These truths could hardly be told to the patients!

(To be continued)

An article on "Dental Concrete" by S. Greif appeared in the December issue of The Dental Cosmos.

ITEMS OF PRACTICAL VALUE

By M. J. Emelin, D. S. S., New York City.

The profession has long realized the inefficiency of the ordinary tooth brush. The most ideal modern tooth brush deserves condemnation. There is much harm in its use, and few, indeed, give this subject and the brush itself sufficient care. In consequence our patents are advised to use silk floss and quills in addition to the tooth brush, and plenty of water. Most people, feeling that they have done their duty with the brush, and relying, as they do, on its good work, resort to no other means of cleaning, and in this lies much danger, because the brush but poorly accomplishes its purpose.

It occurred to me (over four years ago) that the common brush for fresco painting, size No. 1, held with the bristles against the tip of the left forefinger, and cut on opposite sides to a chisel-shape with small, sharp scissors, would make an ideal addition to our present mechanical cleansing means. In practice I find that the soft bristles of the brush thus shaped readily pass between all the teeth, follow the line of the gums or into unhealthy pockets and massage the gums to a normal state. The daily use of such brushes raises the standard of cleanliness about the teeth and prevents most pathological conditions of the gums.

Unfortunately, these brushes were not intended for dental purposes, and are neither properly shaped nor made with bristles of good quality. For the reason that one brush becomes ineffective after passing it over several teeth, the use of four brushes is advisable. After use, the brushes are washed, dried and are again available for the next application.

All who will give these brushes a long and earnest trial will undoubtedly find them indispensable, as the beneficial, nursing operation of these little brushes soon becomes evident.

To the needy ones this is a suggestion how to be able to gargle. It especially refers to the large number of people who say: "I can't gargle—it chokes me." One can gargle as deep down the throat as needful by pressing the palm of the left hand upon the epiglottis and quite hard directly above and against the thyroid cartilage. Do not press upon the cartilage sideways, in a manner of choking, but against its anterior part only, covering about two inches of its outer surface. Instead of the palm of the hand, one may use the tips of the thumb and all the fingers of the left hand closely arranged in a curve and adapting them to the trachea. My suggestion has not failed in the most difficult cases, and should be tried until it is correctly followed. Patients should receive these instructions and be shown how to gargle, as above described.

ASEPSIS OR ANTISEPSIS?

By Maurice Green, D. D. S., N. Y. City.

The Humble Tooth-Brush is a Soldier of the Common Good.

The tooth-brush, as a power for either good or evil, possesses powers not dreamed of by its average users.

The great majority of the laity fondly imagine that they are keeping their brushes in an aseptic condition by merely rinsing after use. A few of the more meticulous carefully replace the brush in a glass tube with a cork at each end, to keep dust from it.

Asepsis cannot be attained or maintained by mere rinsing with water. It is, of course, only a passive condition—the state of trying to be free from germs—and does not imply the active effect of antiseptics.

Antiseptic, rather than an aseptic, condition of the tooth-brush is essential to true oral hygiene.

That means that the brush must be so treated as to resist and destroy germs.

Even the laity are beginning to understand that the oral cavity teems with germ-life. Especially after eating and after sleep, the teeth in particular are a fertile breeding ground for microbes.

These germs are transplanted upon the tooth-brush—ready to be re-introduced in larger numbers—and, where several brushes are kept in close proximity, to go calling upon their neighbors and so pass around the seeds of diseased conditions.

The importance of keeping the

mouth and teeth free from germs is obvious. A germ-laden mouth may lead to tonsillitis, catarrh and other affections of the mucous membrane lining the throat, and nose and in fact the entire respiratory tract.

Must the tooth-brush then, be condemned as a “common carrier of germs”?

The answer, of course, is that the brush must be rendered antiseptic.

Peroxide of Hydrogen of certified quality (the writer uses Hydrox Certified) is an ideal antiseptic. A few drops sprinkled on the tooth-brush before using, will help to remove the germs from the mouth, and if immersed in the same media after using will kill any microbes that have gained a foothold. Thus does the humble tooth-brush become a real “soldier of the common good”—by preventing infection.

Dentists would do well to recommend this as a regular habit, for their patients. It is much more important that the tooth-brush should be kept thoroughly clean, than the hair-brush, because the former affects conditions that have to do with one's health and even life itself.

Just as “preventive medicine” has become the watch-word of the medical profession, the modern tendency among well-informed members of our own profession is to inculcate the principles of “prophylactic oral conditions.”

TUBERCULOSIS OF THE LARYNX.

By ALBERT BARDES, M. D.

(Continued from last issue.)

Indiscriminate giving of cough remedies has done much irreparable harm to this class of sufferers. Frequently the cough is lessened, but it is at the expense of the health and the appetite. When the diagnosis is finally made, much valuable time has elapsed and the disease has made serious inroads. Coughs are of two kinds, bronchial and throat. The former is usually a salutary measure and should be encouraged, since its purpose is the removal of secretion from the chest. The latter is generally caused by a supersensitive throat or by a foreign body, and must be treated differently. The amount of energy expended in coughing is often very great. It is estimated that a person who coughs or clears the throat once every 15 minutes for 10 hours, uses up power equivalent to 250 heat units. This equals the nourishment contained in three eggs and one pint of milk. In normal respiration the air is expelled from the lungs at the rate of 4 feet per second, while in violent coughing it may attain a velocity of 300 feet. This waste of energy is highly injurious to tuberculous subjects. The assimilative functions of these people are already working under great disadvantages and the inability of the digestive organs to assimilate the additional food that is required to offset the loss of vitality induced by the coughing, causes emaciation.

Rest to the voice is one of the best ways of overcoming a laryngeal disorder. When this cannot be secured, a compromising measure is to advise speaking in a subdued voice. If the occupation is prejudicial to the throat, it should be changed. There is no use trying to cure a tuberculous larynx if the voice is unduly used, or if it is exposed to dust, draughts, or to a cold and raw atmosphere. Fatigue, worry, and crowded, dark, or ill ventilated places should be avoided. The patient should live in a temperature as nearly uniform as possible and should refrain from doing anything which might cause his temperature to rise. An increased temperature favors the development of the tubercle bacilli, hence the frequency of tuberculosis in the cow, whose normal temperature is 102 degrees F.

Perhaps the greatest restoratives in tuberculosis are rest and sleep, particularly in the open air. Coughs that occur when a person goes from a warm room into a cold, usually disappears by sleeping in the open. Foul air, and not cold air is accountable for most colds and coughs. Esquimaux are seldom sick in their native land. It is not until they live in houses that their health departs. Perry and his men were free from colds and coughs as long as they lived out of doors, but as soon as they slept in houses their ailments returned.

Tuberculosis is seldom contracted in summer, for this is the season of the year that people live a more natural life and get the benefit of the fresh air and sunshine. Tuberculosis has been termed the bedroom disease. The very air that is so wholesome in summer, in winter, in a closed room, becomes contaminated and is converted into our worst enemy. It seems that the luxuries that provide us with comfort, in

winter deprive us of our vigor and disease resisting power. Infinitely more diseases are contracted in crowded cars and stuffy theaters than by exposure to cold. Cold air is more beneficial than warm, even though the latter is be just as pure. It is well known that invalids in the Adirondacks enjoy better health in winter than in summer. The cold air energizes the lungs in the same way that a cold draught stimulates a flame.

Fewer people would suffer from throat disorders and from tuberculosis if they would expose their bodies more freely to the air. It is a common observation that whenever feminine fashion calls for an exposed neck and chest women have comparatively little trouble with their throat or bronchial tubes. Most of our celebrated singers have learned that to harden their vocal organs to atmospheric changes insures them against vocal disorders. The cutaneous respiration of a healthy person is 5 per cent, that of the lungs, and the percentage is much higher in a person whose lungs are not functioning properly. It is imperative, therefore, that all sufferers from tuberculosis should derive as much benefit as possible from cutaneous respiration. Upon the mountains of Germany and of Switzerland, certain sanatoria for tuberculosis have been established, where the inmates are obliged to live in a state of comparative nudity the year round. I have been told that the results from this treatment are the best yet attained. In the height of winter children can be seen playing around on snow-shoes, with only a bathing suit on. A few months before these very children were wasting away with tuberculosis.

Every person with tuberculosis and every tubercular suspect should have the throat examined periodically in order to guard against the larynx becoming diseased. In most sanatoria for tuberculosis the larynx is occasionally inspected, but oftentimes the work is done in a perfunctory way and very little good is accomplished by it.

The use of the time honored cotton swab with which to apply an astrigent to the larynx should be dispensed with in incipient tuberculosis of the larynx, where there is no abrasion. We should refrain from inflicting additional traumatism and causing greater suffering by useless local meddling. This matter of making applications to the larynx whenever that organ is diseased, is unscientific and unwarranted. Fortunately the swab seldom reaches the interior of the larynx. When it does, it strangles the patient and otherwise causes needless distress. A fine down spray atomizer and a simple alkaline wash, such as Dobell's solution, is sufficient to cleanse the larynx and produce comfort. Finely powdered iodoform suspended in olive oil or albolene can be sprayed into the larynx to relieve the cough of an irritable larynx, or it can be applied by means of a piston syringe with a long bent canula. Inhalations of cresote or guaiacol in oil serve a similar purpose. Night coughs may be relieved by tying a cold damp cloth around the neck, or by sipping warm milk, preferably with the albumen of an egg. Sedatives are to be withheld as long as possible.

In the ulcerated stage of laryngeal tuberculosis, laryngeal applications are often useful. From time to time certain drugs have been advocated as having special advantages in the treatment of tuberculosis of the larynx. Lactic acid, orthoform, formalin and ichthyol, are the drugs principally recommended. In my belief not one of them is generally applicable excepting ichthyol, which stimulates the ulcer to healing. Re-

cently much has been written about the advantages of injecting alcohol into the sensory nerve of the larynx, the superior laryngeal. The results have been disappointing. Much was hoped from the tuberculin, but this far it has been found wanting. Unquestionably the serum treatment of tuberculosis will eventually be perfected, but until it is, we will be compelled to use older and tried methods. A distinct advance in the treatment of tubercular ulcers has been made by the introduction of fulgeration. By this method the lesion is seared, as with a hot iron, with the sparks from the high frequency current. The sparks are caused to jump from an insulated applicator to the raw surface, the other electrode being fastened to the neck.

Most physicians display too much timidity in dealing with all open lesion in the larynx. They are apt to resort to topical applications and sedatives when more radical measures are demanded. If the fundamental principles of surgery are observed there is no fear of infection, hemorrhage or septic pneumonia. A laryngeal ulcer should be treated in precisely the same way that a tubercular ulcer elsewhere is treated. Our purpose is to convert a sluggish ulcer into one with a healthy granulating surface. To do this we must provide cleanliness, free drainage and stimulation. Surgery of the larynx should only be attempted during the quiescent period of the disease. Of course when respiration is embarrassed owing to the lesion, immediate relief is called for. The instrument best adapted for cleansing and stimulating a laryngeal ulcer is a sharp curette, carefully and thoroughly applied. A week or two afterward the curette can again be used if some unhealthy granulations remain. An edematous swelling is an occasional occurrence in tuberculosis of the larynx. Multiple linear scarification generally relieves this condition.

Perhaps the greatest distress that these patients have comes from the swollen epiglottis, which makes deglutition painful and difficult. It is essential that an excess of nourishment be taken and this can be done only under the most favorable conditions. If the ingestion of food causes pain very little is eaten and the disease makes great headway. For a long time I hesitated to remove a swollen epiglottis, fearing hemorrhage or inspiration pneumonia. Experience has taught me that the epiglottis can be removed with impunity, and that it is not essential to the well being of the larynx. My procedure is to grasp the epiglottis with a tonsil forceps and to make traction, then by means of a tonsil snare the entire ledge of the epiglottis is removed. The pain is very slight. The relief is very great.

The question of nourishment is an important one in any form of tuberculosis, particularly in the laryngeal form, on account of the difficulty in swallowing. Early in the disease the amount of food taken may be moderate, just enough to keep the body weight from declining. In the advanced stage the food should be abundant in quantity and rich in carbohydrates, to overcome the loss induced by the disease. Thick demulcents can be taken with less discomfort than thin fluids. A good way to administer food when swallowing is painful is with a catheter passed through the nose, and past the epiglottis. Spraying the throat with a $\frac{1}{2}$ per cent. solution of cocaine frequently enables food to be taken when it is refused without. Rectal feeding is often beneficial when the throat and the stomach need rest.

128 East 34th St., New York.

TO ALL WELL WISHERS OF THE PROGRESSIVE DENTIST.

BEGINNING WITH THIS ISSUE, THE PROGRESSIVE DENTIST WILL BE PUBLISHED BY A STRONG ASSOCIATION OF DENTISTS WHO HAVE ORGANIZED UNDER THE NAME OF THE "PROGRESSIVE DENTIST PUBLISHING ASSOCIATION". THOSE OF YOU WHO WOULD LIKE TO JOIN IT WILL PLEASE SEND YOUR NAMES AND ADDRESSES TO THE PUBLICATION OFFICE, 346 EAST 10TH STREET, N. Y. CITY, SO THAT YOU MAY BE NOTIFIED AS TO THE ASSOCIATION'S MEETINGS.

WE HAVE BEEN VERY FORTUNATE IN OBTAINING THE SERVICES OF A VERY ABLE AND WELL KNOWN MAN, TO EDIT THE MAGAZINE. HIS NAME IS STILL HELD BACK SO AS TO COME AS A SURPRISE TO THE READERS OF THE "PROGRESSIVE DENTIST". HE WILL TAKE CHARGE OF THE EDITORIAL DEPARTMENT BEGINNING WITH THE NEXT ISSUE. SEE THAT YOUR NAME AND THAT OF YOUR FRIENDS ARE ON OUR MAILING LIST. IF YOUR SUBSCRIPTION EXPIRES, RENEW IT, IF YOU ARE IN ARREARS, SEND IN YOUR 50 CENTS AND BECOME "STRAIGHT". BY ALL MEANS, SEE THAT YOU OBTAIN A COPY OF OUR NEXT ISSUE.

BESIDES THE EDITORIAL OF OUR NEWLY ELECTED EDITOR, WE WILL HAVE:

1) THE DISCUSSION OF DR. REAM'S PAPER BY DRS. HASBROUCK, GREEN, LEDERER, AND A REPLY BY DR. REAM, ILLUSTRATED BY FILMS OF X-RAY PICTURES;

2) A LECTURE DELIVERED BY PROF. DARBY AT THE KINGS COUTY DENTAL SOCIETY — ON "THE RELATIVE MERIT OF FILLING MATERIALS" WITH COMPLETE DISCUSSION BY PROF. A. R. STARR AND DR. M. L. RHEIN.

3) A LECTURE DELIVERED AT THE EASTERN DENTAL SOCIETY BY PROF. FREDERIC PEESO — ON "CROWN AND BRIDGEWORK WITH SPECIAL REFERENCE TO THE PREPARATION OF ABUTMENTS FOR FIXED AND REMOVABLE BRIDGWORK."

COME; WAKE UP AND BE PROUD OF YOUR DENTAL MAGAZINE!

YOURS,

THE PROGRESSIVE DENTIST.

The Progressive Dentist

Published Monthly by
PROGRESSIVE DENTIST PUBLISHING ASSOCIATION

Publication Office, 347 E. 10th St., New York City
Telephone Orchard 909.

Subscription Price - - - - - 50 Cents a Year

This magazine maintains an open forum. We appeal to our subscribers to avail themselves more extensively of our pages and send in manuscripts on any topic they think interesting. We will provide space for any criticism offered in good faith. We are not responsible for opinions expressed through the agency of the free forum. We limit our responsibility to what is published editorially only. We also reserve to ourselves the right to alter, abbreviate and correct manuscripts if we deem it necessary. Manuscripts we do not publish are not returned unless so requested in which case return postage is to accompany the request.

EDITORIAL DEPARTMENT

In preventive medicine, dentistry takes a very important, if not the most important, place. The oral cavity, containing the organs so essential to digestion and nutrition, and forming part of the channel by which the air passes to our lungs, constitutes an object of great consideration in the maintenance of individual health. The diagnosis and treatment of some of these serious diseases specifically found in the oral cavity, within the scope of the dental practitioner; the protection of the dental apparatus from the destructive effect of diseases, is of such vital im-

portance for the nutritional processes of the body, that by virtue of these facts alone, dentistry stands out as a great factor in preventive medicine and public hygiene.

However, for a long time the fact was ignored by the lay public as well as by the medical profession. The dentist until recently has been looked upon as a technician and his work as a craft. It was not until Sir William Osler, the great medical authority, called attention to the important position which dentistry was called upon to exercise in public health mat-

ters, that the medical profession sat up and took notice. Only then it was realized to what extent dentistry, as a scientific profession, was allied with medicine, preventive medicine in particular. It was realized that complex problems of bodily nutrition are related closely with mouth sanitation, and with normal conditions, of oral and dental tissues. It is evident that the field of the dental practitioner's work is not restricted to teeth only but constitutes a part of the great work of keeping the human body healthy.

This changed the attitude toward the dentist on the part of the medical profession and is causing a different attitude towards us with greater demands and place us with greater demands and place us under greater responsibilities as members of the curing profession. It is therefore up to the dental profession to develop this view of the public by proving themselves equal to their demands.

But there is one more step to be gained. We must have the recognition of the national, state and municipal governments to make dentistry a regular and official factor in the departments of public

health. The direct relationship between dentistry, preventive medicine, and public hygiene is so evident that there is no need even to point to the authority of Dr. Charles K. Mayo, who said that the next great step in medical progress is that the line of preventive medicine should be made by the dentists. We have achieved some victories already; let us not rest on our laurels. Let us remember also that the great factor in achieving our victory is our own growth as a scientific and as an ethical profession. We must prove equal to our great task and justify our claims. N. A. P.

The Editor wishes to announce that owing to the darkness in the room at the time of Dr. Lederer's talk on "Minor Oral Surgery" at the Harlem Dental Society, the stenographer is unable to read her notes; consequently the continuation of Dr. Lederer's article will not appear in this issue; but Dr. Lederer promises the readers of *The Progressive Dentist* that he will re-write the article himself and have it appear in a future issue of the magazine.



CARE OF THE ORAL CAVITY IN INFANCY."

By Dr. Jesse Feinberg.

(Reprinted by request.)

It often occurs, in the clientele of the writer, that an anxious mother requests advice, as regards the attention she should give the mouth of her baby.

It is this foregoing thought that forms the subject matter of our discussion. We will only endeavor to cover briefly a few essentials.

Absolute cleanliness is always cardinal; and under this consideration the nipples, whether of the breast or bottle, must be kept in a sanitary state. It is good practice to swab the mouth of the little one twice daily with a mild solution of **Acidum Boricum**. This is also indicated when the tongue is furred, and during morbid dentition.

An affection of the mucous membrane, which is the result of uncleanliness of utensils, nipples and the child's toys, known as **Thrush** is often met with. This stomatitis parasitica is due to the fungus, **Oidium Albicans**. This morbid condition is characterized by the presence of diffuse white patches, which appear on the tongue and mucous membrane of the cheeks and throat. These patches are often the seat of bleeding. The child is fretful and refuses food, as a result of the excruciating pain experienced in the affected areas. In combating this condition, removal of the cause is the chief point, therefore, the word **cleanliness** is again brought before us.

The application of a two (2) per cent solution of **Argenti Nitras** to the affected areas is efficacious.

Swabbing of the parts with the following formula affords great relief:

R	
Ac. Boricum,	3i
Hydrogenii Dioxidi,	3ii
Glycerinum,	3iv
Aq. Rosae,	3ii
Mx.—	
Sig.—	

The next feature of importance is "**Dentition.**"

We realize the fact that dentition is a normal process of development. No fixed time can be set for the eruption of the deciduous teeth. These words should be fixed in the minds of our young mothers, as this is often the cause of great anxiety.

The process may be delayed, by improper feeding, debility and rachitis.

The most common symptoms of ordinary dentition are:—

Irritability of temper;

Loss of appetite; and a **Condition** in which the child cannot digest the average amount of food, it is wont to be fed.

Indications of treatment is absolute cleanliness of the buccal cavity; rest to the child; and avoid forcible feeding. Undoubtedly most of us are acquainted with an approximation to the periods the deciduous teeth are most frequently erupted. All who have children should be instructed as to the value of the preservation of the deciduous arches of teeth until the initiative in eruption of the succedaneous has taken place, the temporary set having a great bearing upon the normal development of the arches of the permanent teeth.

STUDENTS' DEPARTMENT

N. Y. C. D. NOTES

MECHANICAL STEPS IN ANATOMICAL ARTICULATION,

By A. L. Seldin, N. Y. C. D. '14.

In presenting this article to the readers of the Progressive Dentist I do not pretend to have discovered or devised any new methods in the field of anatomical articulation. All it is intended for is to simplify and systemize the mechanical part of anatomical articulation for the earnest beginner, so that when once started he may see his way clear to a successful end.

The steps are arranged in the order which they are to be carried out. I am confident that if closely followed anatomical articulation will prove to be very simple. At any rate much simpler than a good many think it is.

Mechanical Steps in Anatomical Articulation.

- 1—Take impression.
- 2—Obtain models.
- 3—Make trial plates, using tin foil to strengthen them or ideal base plate.
- 4—Prepare bite waxes, trimming them down to proper thicknesses. The cuspid eminence should receive attention in this step.
- 5—Mark upon the bite waxes the following:
 - (a) median line of the face
 - (b) angles of the mouth at rest
 - (c) high lip line
 - (d) low lip line.
- 6—Unite the two bite waxes by inserting a wire staple on each side in the region of the first molar.

- 7—Locate the condyle ends of the mandible by instructing the patient to open and close the mouth several times and at the same time holding the finger on the cheek near the external auditory meatus. Indicate these places on the face with chalk.
- 8—Heat the fork of the Snow Face-bow and insert it between the bite waxes.
- 9—Adjust face-bow on chalky dots, using care that the same number of gradations are marked off on the inner side of the arm on each side.
- 10—Tighten the set screws on each side, also the central clamp.
- 11—Loosen the side set screws and remove the face-bow with the bite waxes as one.
- 12—Place the Snow anatomical articulator on the bench setting firmly in the tin base provided with it.
- 13—Push the graded rods of the face-bow in as far as possible.
- 14—Adjust these rods over the projecting pins of the articulator made to receive them and then tighten them.
- 15—Place models in the trial plates, taking care that the face-bow is in line parallel with the bench.
- 16—Mix plaster and mount the models, carrying the plaster up to the sleeves in the upper bow, and to the heels in the lower bow.

Obtaining the Protrusive Bite.

- 17—Insert the bite-guages with the cones pointing upward, into the occlusal surface of the waxes, at the posterior end of the lower trial plate.
- 18—Insert the trial plates into the patient's mouth and before closing instruct him to protrude the lower jaw forward about $1/8$ of an inch, until the waxes touch each other in front.
- 19—Insert wire staples into the waxes keeping them firmly together. Join the two waxes with a hot spatula in the median line and in the region of the bite guages.
- 20—Loosen the back-spring of the articulator, and the set screws which lock the condyle slots.
- 21—Invert the articulator and gently place the upper trial plate with the lower attached to it in the upper model.
- 22—Bring down the lower model into its proper position. The condyle slots will take a certain slant, which depends upon the amount of separation between the trial plates in the posterior section.
- 23—With the lower model in its trial plate undisturbed, tighten the set screws of the condyle slots.
- 24—Remove staples and bite guages. Retrude the lower trial plate and fasten the back-spring in its place.
- 25—Set up the teeth and finish.

C. D. O. S. N. Y. News.

On Dec. 8, Prof. Prothero visited the Junior and Senior Classes. He extended a cordial invitation to visit him at the Northwestern University.

Prof. Prothero spoke very interestingly to the Juniors on plaster impression work and to the Seniors on original and practical method of obtaining the compensating curves, prior to the setting up of the teeth, in the construction of an artificial denture.

A magnificent dental library is promised the college. Several big collections of books were received for the library. There is the William Carr collection of several hundred books worth more than \$1,000. The most recent collection received is the John I. Hart collection of about 50 volumes. There

is the Howell collection and many other valuable books donated by the students; all of which will make our college library the greatest and most complete special dental library in existence.

The Junior Class of 1915 will give a dance on February 21. The affair will take place in Brown Hall, in the college.

FRESHMEN NOTES.

The Freshmen have at last elected all their class officers. They are: John W. Shelpert, President; Mary Goldfarb, Vice-President; Harry Jarminowsky, Treasurer; Ella S. Feldman, Secretary; Chas. H. Wilen, Class Editor; Maxim R. Perlman, Sergeant-at-Arms.

DENTAL SOCIETY NEWS

HARLEM DENTAL SOCIETY—Meets the fourth Thursday of each month at Fraternity Building, 67 West 125th St.

Dr. W. S. ENGELBERG, Sec'y, 2400 Seventh Ave., New York.

EASTERN DENTAL SOCIETY—Meets the first Thursday of each month at Cafe Boulevard, 156 Second Ave., Cor. 10th St.

Dr. A. LeWITTER, Sec'y, 330 E. 4th St., New York.

KINGS COUNTY DENTAL SOCIETY—Meets the second Thursday of each month at Masonic Temple, Claremont Ave. near Lafayette Ave.

Dr. S. H. FILLER, Sec'y, 220 Stockton St., Brooklyn, N. Y.

The Eastern Dental Society of the City of New York.

The regular meeting of the Eastern Dental Society was held on Tuesday evening, January 13, 1914, at 8.30 P. M., at Cafe Boulevard, 156 Second Avenue, New York City.

Prof. Frederic A. Peeso delivered a lecture on crown and bridge work with special reference to the preparation of abutments for fixed and removable bridge work.

The paper was discussed by A. M. Johnston, D. D. S., and H. W. Gillett, D. D. S.

Following candidates were proposed: Fannie S. T. Gerber, D. D. S., 347 East Tenth Street; proposed by Dr. LeWitter; J. Zaharia, D. D. S., 86 Second Avenue; proposed by Dr. Erdreich.

A. LeWitter,
Secretary.

Harlem Dental Society.

A regular meeting of the Harlem Dental Society took place Tuesday evening, December 30th, 1913, at its quarters, Fraternity Building, 67 W. 125th Street. The meeting, although no lecture took place, was nevertheless very interesting as election of officers for

the ensuing year was held. Many of the candidates, including Dr. Ortman, withdrew their nominations, and Dr. Maurice Green was elected president.

Kings County Dental Society.

A regular meeting of the Kings County Dental Society was held on Thursday evening, January 8, 1914, at 8.30 P. M., at the Masonic Temple, Lafayette and Clermont Avenues.

The speaker of the evening was Edwin T. Darby, M. D., D. D. S., Professor of Operative Dentistry and Dental Histology at the University of Pennsylvania. The subject, "The Relative Merit of Filling Materials," was a most timely one, in these days of controversy as to whether we should throw away our plugger points, or whether those who have thrown them away, should pick them up again and Prof. Darby, whose appearance in these parts is only too rare, treated the subject so well that none should have denied themselves the treat of hearing him on January 8th.

The discussion was opened by Alfred R. Starr, M. D., D. D. S., Professor of Operative Dentistry

at New York College of Dentistry, and M. L. Rhein, M. D., D. D. S. The paper and the discussion in full will be published in the next issue of the *Progressive Dentist*.

The following candidates were voted upon at the meeting for admission to membership:

Ralph Chashin, 625 Wythe Avenue; Ira Buchenholz, 258 Hart Street; Edward A. Marks, 442 Kosciusko Street; A. P. Loesberg, 592 Greene Avenue; Isaac J. Hill, 307 Pulaski Street; Boris Shnayerson, 504 Sutter Avenue; Harry Milritsky, 82 Throop Avenue; S. J. Muroff, 957 Blake Avenue; Louis Shankroff, 343 Jefferson Avenue; J. J. Alpen, 1700 Pitkin Avenue; Wm. W. Mandelbaum, 329 Stone Avenue; Benjamin Paaswell, 53 Woodbine Street; E. T. Sternfield, 1205 Eastern Parkway; Emanuel London, 1339 St. John's Place; Bertram B. Machet, 8679 Bay 24th Street, Bath Beach; S. Rosengardt, 329 Pennsylvania Avenue; V. S. Amadoney, 358 Stone Avenue; Abraham Greenburg, 4721 14th Avenue; Stanislaus Chalupski, 4911 12th Avenue; Fanny S. Türk, 236 Carroll Street; Samuel N. Robbins, 258 Hooper Street; J. R. Schwarz, 972a St. John's Place; Wm. Mendelson, 2310 Myrtle Avenue; B. Zuckerman, 375 Bushwick Avenue; Abraham Goldstein, 75 Manhattan Avenue; David D. Teller, 126 Harrison Avenue; D. Laletau, 307 Bedford Avenue; Harry A. Gartnar, 318 East 18th Street, New York City.

SPECIAL NOTICE

On Friday afternoon, March 13, 1914, The Kings County Dental Society has arranged to give a series of clinics at the New York College of Dental and Oral Surgery, the ablest men of the Profession having been obtained as clinicians.

More detailed information forthcoming.

Mark down date of clinics in your appointment book **today**.

SOCIETY ANNOUNCEMENTS.

National Society Meetings

National Dental Association, Rochester, N. Y., July 7, 8, 9, 10, 1914.

American Society of Orthodontists, Toronto, Can. July 2, 3, 4, 1914.

Panama-Pacific Dental Congress, San Francisco, Calif., 1915.

National Association of Dental Faculties and Institute of Dental Pedagogics, Buffalo, N. Y., January 26, 1914.

Sixth International Dental Congress.

London, August 3rd to 8th, 1914.

PATRON—HIS MAJESTY THE KING
International Congress Museum.

SECTIONS OF MUSEUM

1. Dental Anatomy, Histology and Psychology.
2. Dental Pathology and Bacteriology.
3. Dental Surgery and Therapeutics.
4. Dental Physics, Chemistry, Radiography and Metallurgy.
5. Dental Prosthesis.
6. Orthodontics.
7. Oral Surgery and Surgical Prosthesis.
8. Anesthesia.
9. Oral Hygiene, Public Instruction and Public Dental Services.

OFFICERS

Chairman: Mr. A. Hopewell, Smith, L. R. C. P., M. R. C. S., L. D. S.

Hon. General Secretary: Mr. F. N. Doubleday, L. R. C. P., M. R. C. S., L. D. S.

HON. CURATORS

Mr. H. P. Aubrey, L. R. C. P., M. R. C. S., L. D. S. (Oral Surgery)

Mr. C. F. Peyton Baly, L. R. C. P., M. R. C. S., L. D. S. (Oral Hygiene, etc.).

M. F. Bocuet Bull, L. D. S. (Dental Surgery).

Mr. E. B. Dowsett, L. R. C. P., M. R. C. S., L. D. S. (General).

Mr. A. Hopewell-Smith, L. R. C. P., M. R. C. S., L. D. S. (General).

Mr. A. E. Ironside, L. R. C. P., M. R. C. S., L. D. S. (Physics, etc.)

Mr. S. P. Mummery, L. R. C. P., M. R. C. S., L. D. S. (Pathology).

Mr. J. Lewin Payne, L. R. C. P., M. R. C. S., L. D. S. (General).

Mr. A. T. Pitts, L. R. C. P., M. R. C. S., L. D. S. (General).

Nature and Scope of the Museum.

It is intended that the Museum shall be an international collection of objects of interest and be representative of every section of the Congress. Its nature and scope include the following:

1. Specimens showing the Evolution of Tooth Forms and of the Dentition of Man. Histological Preparations bearing upon recent research. Exhibits Illustrating the Chemical Composition and Physiological Action of the Saliva.

2. Specimens of Morbid Conditions of the Teeth, Palate, Gums and Jaws, such as Odontomes, Dental and Dentigerous Cysts, New Growths, Diseases of the Peridental Membrane, etc., Photomicrographs of Oral Micro-Organisms, and Cultures of Micro-Organisms in Test Tubes or in Petri Dishes. New Bacteriological Apparatus and Appliances.

3. Specimens of Teeth, Gums and Jaws affected by "Pyorrhea Alveolaris." Microscopical and Lantern Slides of the same. Exhibits of Various New Methods of "Inlaying" Cavities in Teeth. Exhibits of New Methods of "Crowning" Teeth.

4. Radiographs of the Normal Dental Tissues, and of Diseases of the same and Associated Parts.

5. Exhibition of various kinds

of Articulators. Specimens showing the various Methods of "Pressure Casting." Specimens showing modern forms of Continuous Gum Work.

6. Models showing Abnormalities in position of the Teeth, and Appliances for the Correction of the same.

7. Specimens illustrating Methods of Dealing with Surgical Conditions of the Teeth and Jaws, including Cleft Palate, Harelip, Fracture and Resection of the Jaws.

8. Specimens illustrating the History and Evolution of Anesthesia.

9. Photographs, Charts, Diagrams, Specimens and Statistics of School Clinics. Methods for the Instruction of the Public in the Principles of Oral Hygiene.

10. Instruction Form, Charts, Diagrams, Specimens and Demonstration Models used in relation to Dental Education. The Specimens will include those employed for teaching purposes, and also Specimens of Work of both Students and Pupils, completed in accordance with the definite courses given.

11. Historical Objects of Interest, such as Books, Instruments, Pictures, etc.

National Association of Dental Faculties and Institute of Dental Pedagogics.

The National Association of Dental Faculties will meet in Buffalo, New York, at 10 A. M. on the morning of January 26th, 1914. This is in accordance with the resolution adopted at the last annual meeting, to meet in conjunction with the Institute of Dental Pedagogics. The Executive Committee will meet at 9 o'clock on the same morning.

(Signed) Executive Committee.



THE PRIME REQUISITE FOR
LOCAL ANESTHESIA
 IS SAFETY IN THERAPEUTIC DOSES.

This is offered to the Dental Surgeons in

NOVOCAIN-SUPRARENIN

Ask for Samples of Hypodermic Tablets E for
 Injection Anesthesia, or for Novocain-Suprarenin
 Pluglets for Pressure Anesthesia.

FARBWERKE - HOECHST COMPANY

Pharmaceutical Department
 H. A. METZ, Pres.

30 BEACH STREET,

NEW YORK CITY.

DENTAL HINTS

Antiseptic Dentifrices.

J. H. Q., Michigan.—Recent investigation has shown that tooth powders made from either precipitated or prepared chalk have a marked destructive effect on the enamel of the teeth if used constantly, powdered cuttlefish bone and pumice stone are still more harmful. Magnesium carbonate or peroxide are the least harmful of insoluble powders, sodium perborate alone or combined with soap and some flavoring agent makes an effective and harmless dentifrice. For daily use the best combination is a mixture of these, formulas for which are quoted:

Antiseptic Tooth Powder.

Magnesium carbonate	3 parts
Sodium perborate	6 parts
Powdered soap	1 part

This may be called the basic formula, the powder may be flavored with any desired combination of essential oils, equal parts of oils of peppermint and wintergreen giving a popular flavor, a mixture of oils of sassafras, cloves and aniseed affording another agreeable flavor that is distinctive. Saccharin may be added in the proportion of 1 part to 1,000 parts of dentifrice if a sweet taste is desired. By adding myrrh or kino to the powder an astringent effect is obtained, this preventing softening of the gums and recession from the teeth. All tooth powders should be made from materials reduced to the finest possible powder and the mixing of ingredients done by repeated sifting. The flavoring oils are best incor-

porated by dissolving them in a small quantity of alcohol, distributing this through the dry materials and spreading the mixture on a clean table or papee until the alcohol has evaporated and then putting the powder through a fine sieve several times. Menthol, thymol, eucalyptol and similar antiseptics can thus be made thoroughly incorporated with the powder than by trituration.

Soap bark makes an excellent base for a liquid dentifrice, it produces lather freely and has a tonic and antiseptic action itself. The following formula is for a stock basis that can be flavored to suit one's trade:

Quillaja Dentifrice.

Soap bark, crushed 20 parts
Glycerin 10 parts
Alcohol, 40 per cent., to make 100 parts

Moisten the soap bark with the mixture of glycerine and dilute alcohol, put into a percolator and slowly percolate to obtain a concentrated tincture, using water to displace the menstruum at the end of the process.

RIGHT GOODS

RIGHT PRICES

RIGHT SERVICE

STANDARD DENTAL SUPPLY CO.

Near Third Ave.

200 East 23rd Street
Phone Gramercy 1449

NEW YORK

GET OUR NEW 1913-1914 PRICE LIST

All Instruments We Sell Are Unconditionally Guaranteed
We Refund Money if not Satisfactory Discount to Students 10 per cent for Cash

Tel., Lenox 8145

A little saving here and there
goes a long way in the end

M. BRAUDE

GOLD, SOLDER,
DENTAL SUPPLIES
& SPECIALTIES

1422 Madison Ave., New York

All Dental Goods at
very reasonable Prices

Our motto is: Once we sell you
goods you'll always deal with us

Tel. 5348 Orchard

BENJAMIN MARIN

Dental Laboratory

High Grade Work at Moderate Prices

26 ST. MARKS PLACE

(8th St.) Bet. 2d & 3d Aves. New York

Telephone Harlem 2629

H. KAPLAN

Dental Laboratory

Casting a Specialty

2 WEST 113th STREET

NEW YORK

'Phone Harlem 3879

L. BERGER

46 W 116th St. New York

I Make a Specialty of

SIGNS

FOR DENTISTS

In answering advertisements please mention the Progressive Dentist.

AN ABSOLUTE NECESSITY



C18

For the present day dentist, is an office with Modern Equipment installed therein. He cannot hold his own with competition on the strength of his ability alone, as the Public demands an environment as well as value received. If your office is antedated, better put in some new equipment and keep the confidence of the community. Office appearance has helped many a dentist to achieve success.

Our Product is essentially modern, and our Representatives enjoy the unique distinction of knowing how to assist the dentist in planning an office. These services are gratis. You had better write to-day for particulars.

THE RITTER DENTAL MFG. CO.

ROCHESTER, N. Y.

31 W. Lake Street,
CHICAGO

200 Fifth Avenue,
NEW YORK

1421 Chestnut St.
PHILADELPHIA

BEAR THIS IN MIND

THAT ANY CEMENT WHICH POSSESSES THE QUALITIES ESSENTIAL IN THE TWO DIFFERENT BRANCHES OF DENTISTRY—OPERATIVE AND PROSTHETIC, IS A CEMENT WORTH A TRIAL BY EVERY DENTIST IN THE COUNTRY.

LITHOS

AS A GENERAL FILLING MATERIAL, IS SMOOTHER WORKING, MORE HYDRAULIC, DENSER, THEREBY GIVING IT LONGER LIFE; MORE ADHESIVE AND WITH 25 % GREATER CRUSHING STRENGTH.

LITHOS

FOR SETTING CROWNS, BRIDGES AND INLAYS, IS STRONGER, MORE PLASTIC, MORE ADHESIVE AND COOLER THAN ANY OTHER OXYPHOSPHATE OF ZINC CEMENT EVER USED BEFORE.

Lithos gives you the
advantages:

- IT ENABLES YOU TO SERVE YOUR PATIENTS BETTER.
- IT ENABLES YOU TO USE ONE CEMENT FOR BOTH PURPOSES.
- IT SAVES MONEY FOR YOU IN THE LONG RUN.

ORDER A BOX THROUGH YOUR DEALER AND BE CONVINCED.

LEE S. SMITH & SONS CO.

PITTSBURGH, PA.

W. E. SADLER, Manager.

10-12 E. 23rd St., New York City.

Telephone, Orchard 515

MANHATTAN DENTAL SUPPLY CO.

Dental Supplies Gold & Teeth

WE CARRY THE BEST LINE
IN DENTAL SPECIALTIES

WE CARRY THE FAMOUS DENTHOL LOCAL ANAESTHETIC

415 Grand Street

We specialize in all forms of

INSURANCE

FOR DENTISTS

Best protection at lowest cost

HENRY M. FRIEDMAN

Mgr. Dentists' Insurance Dep't

Michael Gold & Co.

91 WILLIAM ST. New York

Tel. 1477 John

Send for a reprint of "Insurance Traps". It will open our eyes to a few facts regarding proper insurance protection for Dentists.

THE RUSH PRODUCTS

Adrenocaine

Local

Anesthetic

for the

Painless

Extraction

of Teeth



"RUSH" Prepared
Root Canal Filling

"RUSH" Devitalizing Fibre

RUSH CHEMICAL CO.

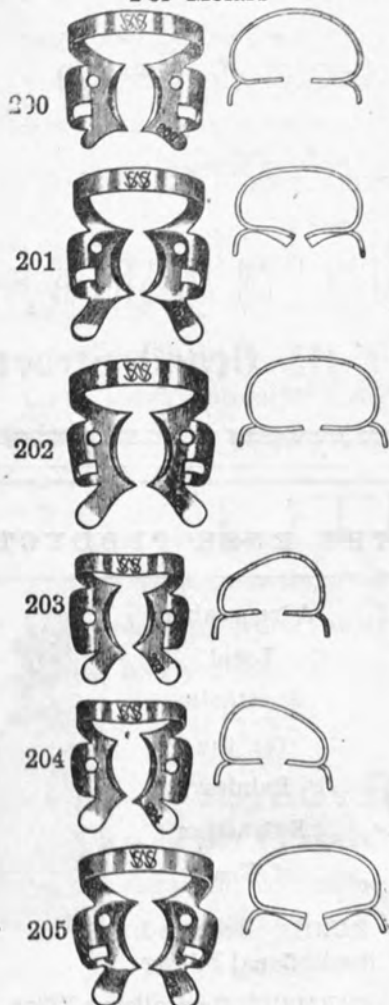
Brooklyn - - - N. Y.

Relief and Satisfaction

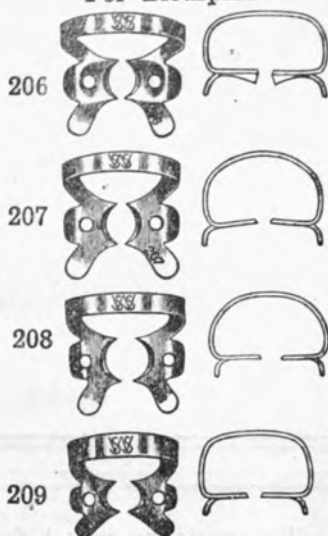
The putting forth of the line of spurred Rubber-Dam Clamps shown here-with is a relief and satisfaction to many operators who know the reliability of our Clamps and whose methods of practice demand the dam-engaging projections.

Our complete line as shown in our latest Rubber Dam pamphlet meets the need of the user of clamps, whether he puts dam and clamp on separately or together. Send for it.

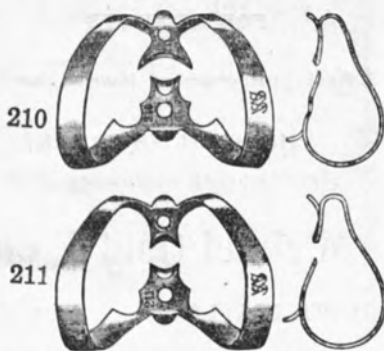
For Molars



For Bicuspids



For Anterior Teeth



" 210 and 211 each 75c.
Nos. 200 to 209, inclusive " 60c

The S. S. White Dental Mfg. Co.

Philadelphia, New York, Boston, Chicago, Brooklyn, Atlanta,
Rochester, New Orleans, Cincinnati, Toronto, Montreal,
San Francisco, Oakland, Sacramento and Berlin, Germany.

Much abused **COMPOUND** is finally
being used for **IMPRESSION** work where plaster
has failed utterly. **TAKING** perfect impressions cannot
be done **WITH** open mouth
and tense muscles. **MOUTH** must be in
a normally **CLOSED** position and
muscle strain carefully considered, if perfect results are to be
attained.

The above statement sounds good, but is it good?

To get the answer attend some of the free clinics and
regular classes conducted by Sam'l G. Supplee in the educa-
tional department of

SAM'L G. SUPPLEE & CO.

1 Union Square, New York

Write for schedule of Dates, Rates and general information.

**SPECIAL PRICE FOR DENTISTS ON
DIAMONDS AND JEWELRY**

S. BOGORAD

GOLD, SILVER & PLATINUM

REFINER

ASSAYER & SWEEP SMELTER

522 Vermont Street

Brooklyn, N. Y.

Kindly drop us a postal card

Telephone, E. N. Y. 1844

G E M

**Instrument Table
with rail**

Size 14x16 inches, with $\frac{1}{4}$ in. Polished Plate Glass Shelves, polished edges.

This is a very attractive table, neat in appearance and large enough to suit the demands of any doctor.

Price \$4.25 each, freight prepaid to any part of New York State.

Larger sizes made to order at correspondingly low prices.

We manufacture everything in Dental Furniture of Steel and Glass in any Color desired.

If you are interested in our line have our representative call as we can save you from 20 to 50 per cent by buying direct from us. We can make cabinets, tables, etc. to meet the demands of any Dentist, as to style, quality and size of space it is to occupy. We have supplied many of the high class Fifth Avenue Dentists, whom we all be pleased to name upon receipt of your request.



G. POLL & CO.

1918-24 Harman Street

Brooklyn, N. Y.

To buy of us is a saving to you.
Call and convince yourself

J. Wolinsky

Dental Supplies

411 Grand Street, New York

10 per cent discount to students.

We guarantee the exact fineness
of our solders.

Telephone, Orchard 857

Tel., Orchard 7840—7841

PINSKI - MASSEL PRESS INC.

DAVID PINSKI, Pres.
JACOB MASSEL, Gen. Mgr.

UNION PRINTERS AND LINOTYPERS

In All Languages
FROM A VISITING CARD
TO A NEWSPAPER

125-131 CANAL STREET
NEW YORK

This Journal is printed by us.

Let me do your prosthetic work and
you will not regret

Telephone, Williamsburgh 4754

WM. SLUTZKY & CO.

DENTAL LABORATORY

284 SO. 9th STREET

BROOKLYN, N. Y.

Work called for and delivered.

Telephone 4293 Orchard

S. L. Sabinson

Dental Laboratory

Good work at reasonable prices.

110 Rivington St.

New York

Advertise in the Progressive
Dentist.

The most closely read Magazine.

NATIONAL DENTAL SUPPLY CO.

S. H. KATZ, Prop.

303 EAST 34th ST.

We make a specialty of College Outfits
and general line of Dental Supplies.

WE ALSO CARRY S. H. DENTAL FURNITURE.

SPECIAL SALE! Electric Engine S. F. W. Chair and
Caspidor, Table and Bracket, perfect condition . . . **\$100**

The advertisers support this paper. Patronize the advertisers.

"Surely Dentists Should Not Be Deprived of Information As to What They Are Using"

Letter from a Dental Society

That is what a prominent dental society writes us. They refer to the fineness of gold solders.

We heartily agree with that statement. We have long advocated having dentists know more about their gold plates and solders.

We take pleasure in printing here the fineness of several karats of Ney's Gold Solders:

For 22 K Plate	19.433 Karat	.809 Fine
" 20 K "	17.244 "	.731 "
" 18 K "	15.624 "	.651 "
" 16 K "	13.680 "	.570 "
" 14 K "	11.784 "	.491 "

Fineness of other karats given on request.

Ney's Gold Solders have been generally accepted by the profession as the standard by which all others should be judged.

These are the karats you have received from us during all the days you have bought dental golds, and that your professional fathers received from us in their days.

They are the most satisfactory karats of solder for the respective karats of plate. To insure receiving them insist on being supplied with

Ney's Gold Solders

If you have trouble in getting our golds, write us and arrange to order direct.

THE J. M. NEY COMPANY

Established 1812

Main Office and Factory:

HARTFORD, CONN., U. S. A.

Branch:

Boston, Colonial Building,
100 Boylston Street.

AND DEALERS IN ALL PRINCIPAL CITIES

THE PROGRESSIVE DENTIST

Vol. III

FEBRUARY 1914

No. 2

CONTENTS.

ORIGINAL COMMUNICATIONS.

Awakening	Dr. L. Levitt	5
Relative Merits of Filling Materials ..	E. T. Darby, M. D., D. D. S.	7
Removal of Impacted and Uninterrupted Teeth—		
Selling Gold Bricks to Dentists	Dr. Maxwell Lanes	12
Discussion by Drs. Hasbrouck, Green, Lederer		13
The Social Democracy and Germany	Karl Kautsky	20
Editorial Department	Dr. L. Levitt	
Orthodontia—A Failure (continued)	M. J. Emelin, D. D. S.	21
The Calf Path	Sam Wolter Foss	27
Must Not Sell Cocaine to Dentists		30
Kings County Dental Society		31
Dental Society News		23

S

H.

Published by the

PROGRESSIVE DENTIST PUBLISHING ASSOCIATION

347 E Tenth Street New York City.

Subscription: 50 cents per year. Single copies, 10 cents.

Brooklyn Dental Co.

DENTAL SUPPLIES OF EVERY DESCRIPTION

350 Fulton Street,

Brooklyn, N. Y.

AGENTS FOR COLUMBIA CHAIRS, ENGINES,
LATHES AND ALL OFFICE EQUIPMENT BY
THE BEST MANUFACTURERS

SEE US ABOUT YOUR OUTFIT

Telephones 796 and 797 Main

ASK your dealer for our BROACHES

They will give you good service

We are the sole agents in Greater New York, for
MILLER'S CROWN AND BRIDGE CEMENT

Try our NOPAINE, a local anesthetic, contains
no cocaine, or any other dangerous narcotics

WILLIAM BRODY & COMPANY

Dental Manufacturers

67 WEST 125TH STREET

Telephone Harlem 1531

NEW YORK

The advertisers support this paper. Patronize the advertisers.



'Phone 7674 Morningside

I. STERN & CO.

Manufacturers of

DENTAL GOLD SPECIALTIES

*Gold, Platinum and Silver Refiners
High-Grade Teeth and Dental Specialties*

112 WEST 116th STREET

NEW YORK

Gold Shells
Gold Solders
Gold Plates
Gold Clasps
Gold Cylinders

Sole Agent for
**KELLER'S
AKME CEMENTS**

*for Crown and Bridge
Inlay and Copper*

**KELLER'S MASTODON
CEMENT**
For Treatment

DO YOU KNOW?

¶ **"STIFKLASP"** is a special clasp which we make for Lingual Bars, Crown Pins, etc. It is stiffer than platinum-iridium wire. It will not corrode. It is higher fusing than pure gold. It is vastly superior to platinum. **USE IT.**

¶ **"GOLBAC"**

(copyrighted) is a gold backing which is not excelled by pure gold. It is our product and cannot be equaled. **TRY IT.**

¶ **"FLECK'S CEMENTS"**

are made under the personal direction of DR. HERMAN FLECK, B.S. P.H.D. Nat.D inventor of the famous "Petroid Cement"

FLECK'S PERFECTED CROWN, BRIDGE and INLAY CEMENT is the only cement made in a snow white shade. We are Sole Agent for them and **FLECK'S RED COPPER CEMENT.**
GET THEM.



TRADE MARK REGISTERED

Notice to Students.

**A FREE COPY OF
THE TWENTIETH CENTURY
MOULD BOOK**

[Third Edition]

is awaiting you at our dental depot and will be presented to you free if you will call and fill in a card request.

This book presents the best known method of selecting and ordering all forms of teeth. You will find it very useful when you enter practice.

***Unexcelled Facilities
for Service.***

Our retail dental depot is one of the largest and most conveniently arranged in the country. Our extensive and well selected stocks enable us not only to supply your wants, but to show you many articles which you will be glad to know about and may need later.

Come in and see of how much service to you we can be-

**THE DENTISTS' SUPPLY COMPANY
220 WEST 42nd STREET
NEW YORK, N. Y.**

Take Broadway car at 2nd Ave., and get off at Broadway.

The advertisers support this paper. Patronize the advertisers.

DENTAL FURNITURE EXHIBIT

SPRING OPENING
February 23rd to 28th, 1914.

The Latest Accomplishments of the Leading Manufacturers
in ARTISTIC and HIGH CLASS

DENTAL FURNITURE

DENTAL CHAIRS, CABINETS, ELECTRIC ENGINES, CUSPIDORS,
:: SWITCH BOARDS, LABORATORY CABINETS, ETC. ::

EVERYTHING THAT GOES TO EQUIP A MODERN DENTAL OFFICE

Practical advice on office arrangement, color, effects, etc.
to suit your particular case, by people who know how

THE KELLY DENTAL EQUIPMENT HOUSE

45 W. 34th STREET,

NEW YORK CITY

EXHIBITION

AND

MID-WINTER CLINICS

LECTURE AND DEMONSTRATIONS

Thursday and Friday,
Feb. 26th and 27th

from 1 P. M. to 11 P. M.

We believe that many dentists have been kept away from attending such affairs in the past, feeling that the sale of goods would be urged upon them.

There is hardly a trade or profession in which there are so many innovations and improvements as in the dental line, and we feel it to be our duty to keep you informed as far as is within our power, of the new inventions, appliances and methods which are constantly being adopted to improve and facilitate dental practice.

This is going to be a very instructive and helpful exhibit and of particular value in its influence in assisting you to improve your practice. It is not to be a sale but will be a meeting of professional men.

CONSOLIDATED DENTAL MANUFACTURING CO.

45 WEST 34th STREET

NEW YORK CITY

The Progressive Dentist

VOL. III

FEBRUARY 1914

NO. 2.

AWAKENING

DR. L. LEVITT

When on Morpheus' soft and sable wings
Night to my soul the long-sought slumber brings,
When under cover of nocturnal shades
Begin to rise the shapes of fairy maids,
When witches weird and goblins strange appear
Fierce, wonderful, majestic, queer!
When Nymphs and Nayads jovial throng
Lull my worn soul with enchanted song,
And bathe my weary, feverish brow
With humid locks that over me bow,
I lie enchanted on a flowery bed
With roof of starry azure high above my head
And dream a dream of everlasting life,
Where genuine friendship dwells without strife,
Where love eternal reigns—celestial love—
That soars, unknown to mortals, high above!
Thus I dream, when, suddenly, I hear
A harsh, uncouth voice that shrieks into my ear:
"Arise, you mortal slave, you offspring of despair!
Arise from slumber sweet, behold life's piercing stare!
Forget celestial bliss, eternal life,
There's another road for you, bestrewn with thorns and strife!
How can you slumber now and dream of life unreal,
When multitudes are crushed beneath an iron heel?
When myriads afflicted with disease, starvation, vice
And diverse crimes that human souls entice,
With pitiful cries and arms outstretched, implore
To raise them from the mire and bring them to the shore?
How can you tolerate a world of woe and pain,
Where misery, iniquity and crime supremely reign?
Where multitudes are starved 'midst amplitude untold!
Where sacred love is daily bought and sold!
Behold the child—so young!—who slaves from morn till night
To help its parents in life's cruel, desperate fight!
Behold his mother: pale, with thin and wasted breast,
To which a baby clings in search of food and rest!
Behold his dying father, who slaved and fought through life,
Defeated, miserable, wrecked, he leaves unequal strife!"
Thus spoke the voice each word, each sound,

discouraged owing to its disadvantages, and the dentist was limited to gold, tin-foil and amalgam. There had been two amalgams on the market and many dentists were making their own amalgams. But we will refer to the subject of amalgams later.

Gold is perhaps as much used now in the certain class of teeth or cavities as it was used at that time. But now, to be frank with you, let me say this in behalf of gold:—"Which is the better material, gold or amalgam?" My own opinion in regard to gold now is no less high than it was fifty years ago. Gold in cavities of medium size, I mean fissure cavities, and cavities of small size in proximal surfaces has not perhaps been successful due to faulty manipulation. There are very few dentists who use gold in the anterior part of the mouth now as compared with twenty or twenty-five years ago.

The opinion is quite prevalent that gold is unsightly in the anterior part of the mouth, and I think that a dentist of to-day, the man who practices dentistry according to the aesthetic principles, rarely puts gold in the anterior part of the mouth or anywhere in the mouth where it will show. And I have no regard for gold in small cavities nor in teeth that are very badly damaged. In such teeth it would be inefficient to use gold fillings, while in large cavities in bicuspid and molars I should prefer gold inlays. It has been demonstrated that inlays of porcelain or fillings made of the cements, will not stand while great stress is brought upon them, therefore the porcelain inlay has not taken the place of the gold inlay in these cavities of bicuspid and molars.

Now what about porcelain in-

lays? Porcelain inlays have been a disappointment to many dentists. An inquiry made among many of the dentists' supply dealers has developed the fact that dentists were seldom called upon to make porcelain inlays; in fact one dealer, a dental manufacturer, told me that he hadn't sold one porcelain outfit in a year, showing that the demand among dentists for such porcelain inlay work has grown less and less each year. All of you who have shared the experience with porcelain will agree with me.

By porcelain I do not mean porcelain fillings, though I do not now make any more porcelain fillings than I made forty years ago, showing that in my experience the porcelain inlays and fillings have not been all that could be desired. It is a disappointment in most cases of approximate cavities of bicuspid and molars where great stress is required. It has been said that no porcelain inlay is better than the shape of the cavity or the cement which holds it in place. Porcelain inlays are growing more and more out of use as other materials are growing into use.

What about oxyphosphate of zinc cement? It was brought into use about fifty years ago and recommended as a permanent filling material. It was planned by those who manufactured and sold it that it should take the place of gold. It is a good non-conductor, but was a disappointment in color. It is easily adapted to the walls of the cavity, but dentists soon found that they could not expect the oxyphosphate cements to last more than two or three years and that they would not always preserve the tooth. Zinc was a disappointment to the dentist therefore it was favorable only for a period of

time, perhaps two years. It was impossible to set crowns with oxyphosphate cements; remember that gold crowns were not in existence until twenty or thirty years ago. It was impossible to stay on a tooth without oxy-chloride of zinc. And when you consider that all bridge work was impossible without it you will also see why it occupies a conspicuous position to-day. The mistake the profession has made was that they relied upon oxide of zinc as a permanent filling. It has been recommended by some as a permanent filling when in reality we know by years of experience that none of the oxy-phosphates of zinc could be relied upon. But I will say this for the oxy-phosphate—it saves teeth as well as anything can save them when it does not wear out or disintegrate. We have a great many varieties of these cements bearing different names. In my own experience, with the dental dealers I will say in behalf of American manufacturers that they have in past years put out products that rank very favorably with those that come from Germany and other foreign countries.

Oxyphosphate of copper? I know of nothing in my own experience and practice that has given me more satisfaction than the oxyphosphate of copper. It has been bad in color, its black color in contrast with white teeth looks bad. In the back of the mouth, in broken teeth, in wisdom teeth or in very much broken down teeth the copper cement is very beneficial. In anterior teeth it can not be used on account of its color. I use a white copper cement and I have never found anything that has given me more satisfaction.

Recently some of the American manufacturers have been making two kinds of copper cement preparations, a red and a white. I have been using this in broken-down molars some element that is white or nearly white in color, and that has the ingredients in the right proportion to insure the permanence of the color.

What about the other cements?

Following the oxyphosphate of copper many other cements came on the market. Several of these attained success, while others were a great disappointment. I will not mention any names but I have not used them, while pain has never set in in teeth that were filled with the copper cements. But the discoloration made the teeth look worse than decayed.

They have a preparation now that takes the place of porcelain in the anterior part of the mouth and that is the new preparation of Dr. Trey's Synthetic Cement for the aesthetic enamel. It is perfectly new, having been in this country only about two and a half years. It has been in England and other foreign countries for a long period of years. It is used by dentists who use porcelain; but after two, three or five years we shall begin to see changes in the color. We should also be careful not to use it in places where we expect stress. I have used it a good deal in places where I have used porcelain. I am constantly taking out fillings in the anterior part of the mouth and put enamel in place of them. I am exceedingly pleased with it so far as I have gone, but I am not sure that it will last more than three or five years at the most. A woman said to me, "I wish that you would take every one of these gold fillings out of my mouth and put enamel in their places. I repined that I will do so

in about three or now; and this workings were perfect. that this enamel work her teeth as well as fillings, I should have grant her request fillings out. I want teeth to be perfect all over the country with doubt. It is a go cautiously with the material but at the same time this aesthetic enamel be a material that is ally used.

I am now going to amalgam. We have heard for a great many years of it ever since brought to this country with them. The Royal Mine These two barbaric countries and they of taking out the best dentists of the time in the Royal Mine. The one dollar and filled everything proximate spaces for one dollar as Palmer, Brown and such reputation, suffered in getting their fillings filled with the Royal Mine. It were advertising The Royal Mine gentlemen, was silver or pure mercury. In introduced a new was generally cures but it was that this mixture integrated but the fillings, in so unsightly to and the tin

in about three or five years from now; and this woman's gold fillings were perfect. If I had known that this enamel would have saved her teeth as well as her gold fillings, I should have been glad to grant her request to take those fillings out. I would want her teeth to be preserved. Dentists all over the country are acting with doubt. It is wise for us to go cautiously with this new material but at the same time, I think this aesthetic enamel promises to be a material that will be generally used.

I am now going to speak of amalgam. We have heard of it for a great many years. We have heard of it ever since the Crokows brought to this country a product with them which they called The Royal Mineral Succedanium. These two barbers came to this country and they were in the habit of taking out the fillings of the best dentists of the day and putting in the Royal Mineral Succedanium. Their price was but one dollar and it is said that they filled everything—fissures, approximate spaces, and big cavities for one dollar. Such dentists as Palmer, Brown, John B. Rich, and such reputable men of their type, suffered the disgrace of having their fillings taken out and filled with the Royal Mineral Succedanium. It is told that they were advertising this everywhere. The Royal Mineral Succedanium, gentlemen, was nothing but coin silver or pure silver filled with mercury. In 1888 there was introduced a new amalgam which was generally mixed with mercury but it very soon was found that this mixture not only disintegrated but turned yellow and the fillings, in a few months, were so unsightly that it was denounced and the tin fillings or amalgam

soon went into disuse. Then Dr. Thompson, who in early life was a watchmaker brought in a new filling material. I frequently saw fillings that he did more than fifty years ago of gold. Owing to the Crokows with their paste fillings, the dentists of the country were so incensed that any class of men should come here and claim superiority for their material over gold, that they would have nothing to do with men who would not promise to use gold. Many men were expelled from the association and many were denied admission because they would not sign a pledge that they would not use it. When Dr. Thompson of Philadelphia felt it was possible to introduce something better than the old Royal Mineral Succedanium and he experimented with silver four parts and tin five parts, melted and filled up with cut-in shavings and put into the tooth. This is the Thompson amalgam which you find in the market today, and it was then so used when I began practicing dentistry. The dentists made their own amalgam. We would get pure silver and tin and using five parts of tin and four of silver, expecting the fifth part of tin to burn out. This we amalgamated with mercury and put in the tube. It either expanded or contracted according to its age,—that is, the new cut contracted, the old cut expanded. After that, or within three or four years after, Dr. Lawrence of Lowell, Massachusetts introduced an alloy that he said was vastly superior to Thompson's because it contained copper. He used an American coin which had a percentage of copper and he claimed that by mixing a little copper with his alloy he could make a very much better filling.

Then others introduced gold in

combination with tin and silver and others still further advocated platinum. We bought platinum in that day very cheap. I experimented with that in the sixties with alloys to see how much of gold they would stand. I found that I could put gradually all gold in amalgam but it set so quickly that I could hardly get it into the cavity. The only thing against it was that it made the color so shiny, and if we used one to two per cent. of zinc we had brittle margins and had to discontinue the zinc. It was Dr. Hitchcock of Boston, Mr. John Adams and Mr. John Adam's son, and Mr. Fletcher and finally Dr. Flagg who had been experimenting with alloys that we had improvements in our filling amalgams. They proved that all amalgams shrank or expanded according to the proportion of silver or tin and also according to the age of the material. They also found that they had a tendency to globulate. They found that all alloys had a tendency to flow on the pressure. And thus experimentation went on with the hope of producing an alloy that would not contract or expand, or expand little, a quality that was not undesirable. The result of their experience and, I think, the result of most men who use alloys, is this, that they are very unequal and very uncertain. We sometimes get the best results of alloys composed of equal parts of silver and tin and sometimes with a larger percentage of silver and sometimes with a smaller percentage of tin. We also thought that some are improved by the presence of copper. After investigation, and after experimenting with these alloys, I have come to this conclusion: alloys which have a large percentage of silver and at least five per cent. of copper and

a smaller portion of tin than was formerly used are the best alloys. I have found that where 70 parts of silver and 5 parts of copper and 20 parts of tin are used I got better edge strength, less shrinkage, comparatively little expansion, and less discoloration. But I believe there is no amalgam filling that is satisfactory. I sometimes feel when I look into a mouth into which I put anything but gold that I regretted that I ever used amalgam in my practice. And I recall the words of Dr. McLean who said, "Thank God I never inserted amalgam fillings in any mouth and I hope I never shall." My own feelings notwithstanding, I use alloys, and consequently the disappointment when these fillings come back after one to three or five years, and I find more or less shrinkage around the margin, is a feeling of disgust and then I think I am very sorry I ever used amalgam.

The question may arise in your minds whether it is possible that amalgams are being improved. We have in Philadelphia a gentleman who has been experimenting with alloys and he is producing an amalgam which contains 15 % of copper and it is so perfectly balanced withtin that he considers it synthetically correct. It seems to give promise of being an alloy amalgam that is going to come nearer the filling or alloy than anything else. But it does discolor.

I was reading an article published in 1861 in which the subject was being discussed. The writers who took part in the discussion were Doctors McLean, Buchanan, Easton, Black, Giddings, and one or two Philadelphia dentists. Their idea of amalgam was that it was permissible to use it in some cases. But the cases where

it should be used were very rare and it should be watched with great care because it was liable to shrink so badly that it would not be safe for the teeth. The alloys of that day were either coin silver amalgam with mercury or they were fillings of Dr. Thompson's which was equal parts of tin and silver.

Some years ago two men associated with our mint in Philadelphia took up some of the suggestions of Dr. Flagg and produced what is known as Standard Alloy. It is claimed that it contains a large percentage of gold. This alloy sells at three or four times the price of minor alloys. It has been used by some dentists for a long period of time. It has been on the market I guess, for twenty-five or forty years. Some claim that they would not use anything else. I was one of those who felt that the price was higher than the material might be. But I learned by experience that no matter what you pay for alloy it makes very little difference and sometimes a cheaper alloy looked better than the higher priced ones. When you expect great things of these high-priced alloys you find that they are not always satisfactory.

The late Dr. Bentley made the best alloy fillings that I remember ever having seen. It was his practice when using alloys to dissolve them, using mercury, and as much gold as it would take up. He used the formula made by Welch. It was a tin and silver alloy with possibly a little copper with it. Mixing his mercury with his alloy he would put in as much gold as it would take up. Then he would mix his filling with that. It was very evident in his mind that gold

would add value to the amalgam. Dr. Flagg says that gold does not add the slightest degree to the value of amalgam, but I say this in behalf of Dr. Bentley's work, that I have never seen amalgam fillings that have ever looked better than those he made. Although they are more or less discolored the margins are good. But after all has been said and done, amalgam is not a very satisfactory filling material. It is said that 75% of fillings in this country are made of amalgam, and there are over 200 separate amalgams advertised. That is, either under personal or proprietary names, there are 200 of these listed on the market. Now, 75% of the fillings that were made in this country and possibly that would be the same in European countries, pitted with some materials better than amalgams does not fill 75% of the fillings used. What that material is going to be no one can tell, but I look forward to the time in the not very far distant day when we shall have some plastic material that will take the place of alloys, and of inlays something that will take the place of gold and porcelain inlays. It probably will not be along the line of synthetic enamel. It probably will not be along the line of silicate. But I think the time is not far distant when something will be brought forth that will come to our rescue and save us from our awful burden which we felt when we attempted to use amalgam.

I have not told you which, in my judgment, is the best. I only outlined to you what is my experience and my conviction with regard to some of the materials, in constant use at the present time.

(Discussion continued in next issue)

SELLING GOLD BRICKS TO DENTISTS

By Dr. Maxwell Lanes

The article which you are about to read is not a scientific one, but I think you will find it interesting as relating to the Dental Profession.

The Dentist who has been a few years in practice knows and has experienced the fact that instruments, materials, and dental equipments are a burden with which he commenced when he entered practice and becomes a problem to him, no matter how long he continues in practice. The problem must be solved some day.

Speaking of exorbitant prices of instruments, did you ever hear any professional man say with reference to instruments that the price was reasonable or cheap? No, of course not. Did you ever pick up a bur or a broach and show it to some of your intelligent patients and then spring the price of it? Why, you don't need an anaesthetic for that patient. The shock would be enough. I always thought to

myself if you took a steel broach or bur and had it weighed that you could buy gold cheaper.

I won't say much about cements, but the way they pack them in microscopic bottles, one would think that each atom of powder was packed in separately and a charge of \$1.50 for 150 atoms made. *They are losing money.* I hope to see the day when *Caso* will be packed the same way. That is why I buy it by the barrel (\$2.25 a barrel), so that when it happens, I will become rich.

I am getting somewhat foolish, you may say, well, I'll drop this nonsense and become serious; and I will say this, which you may not believe until convinced, that the dentists in New York can save \$100,090 or more a year on one article alone mostly used in dentistry; and that is the precious metal called *gold*.

Follow the table closely.

Present gold prices at Dental Depots.

24 K plate \$1.13 dwt.	\$21.80 oz.
22 K plate \$.05 dwt.	\$20.00 oz.
18 K solder for 18 K plate	\$.85 dwt.
16 K solder for 16 K plate	\$.75 dwt.
At the U. S. Assay Office or Any Assayer in Maiden Lane	
24 K plate \$1.04 dwt.	\$20.80 oz.
22 K plate \$1.09 dwt.	\$19.00
18 K solder for 20 K plate	\$.80 dwt.
16 K solder for 18 K plate	\$.70 dwt.

Now let us say that each dentist uses an average of two ozs. of gold a month, which is a very low figure—there is a saving of one dollar (.1.00) per oz.

5,00 dentists in New York
2 saved each month

\$10,000 a month
12 months

\$120,000 a year.

The above figures prove that the dentist is taken advantage of by the dental depots, and handed a gold brick every time he buys gold; and still the depot claims it loses money on gold.

I would like to know why it is that the depot charges one dollar thirteen cents (\$1.13) a dwt. for pure gold 24 K, and the U. S. Assay office or any assayer, one

dollar four cents (\$1.04) a dwt? Is it because they are not making enough on the other instruments and materials, or what? This is equivalent to giving them one dollar thirteen cents (\$1.13) for one dollar four cents (\$1.04). They are giving us short change in other words. Can you imagine what all these figures mean taking all the states into consideration?

I do not belong to any Dental Society but I would offer a suggestion to them.

Why not get up a formula for a solder of the different grades and

have an assayer make it up for the society and each dentist receive his solder that way? You know it will be the standard. You will save about ten cents a dwt. and will do away with the leeches who are attached to the dental profession. By them I mean the different companies who advertise that their solder is always the best, etc., and all their agents always claiming there is no money in gold, and that they are doing the dentists a favor by handling it.

I hope that I havenot written this article in vain—that it will be well taken by the profession.

DISCUSSION OF

THE SURGICAL TECHNIQUE EMPLOYED IN THE REMOVAL OF IMPACTED AND UNERUPTED TEETH THE USE OF ANALGESIA AND LOCAL ANESTHESIA FOR THEIR LIBERATION AND A PLEA FOR STANDARDIZATION OF METHODS.

Paper by Fred'k K. Ream, M. D., D. D. S., Aeolian Hall, New York City. Read before Eastern Dental Society, Dec. 4, 1913.

DR. HASBROUCK:—

"There is not much to say. I don't know that I can add anything to his remarks. It would be hard indeed to establish a standard for methods. What we are after is results. Some men can get results one way, some one else another. If we follow recognized rules of surgical procedure I don't think it makes a bit of difference what our methods are. If the regular rules are followed surgically the results should be good. I have operated cases under local anesthesia, I have tried to operate under analgesia, but it drops off into aneshtesia before. I am through and the results have been

remarkably good, except that it has been my observation that where the patient is operated on under anesthesia there is less likelihood of surgical shock. I think the patient's condition must be taken into account where local anesthesia is used and I believe there are certain patients on whom it cannot be used at all. Your patient will collapse in the chair not because you hurt him but because they think they are going to be hurt, and it amounts to the same thing.

I agree with Dr. Ream that for many cases the specialist's office is the place to operate, but there is a class of cases which can be oper-

ated to advantage in the hospital only.

A case where the operation is so extensive that you must have your patient under absolute control for a certain period of time after the operation I mean. I think under these conditions we are not justified in operating unless the patient is willing to go to a hospital. I think it works out both to the patient's and surgeon's advantage if this rule is followed. The case in point I had in my own practice a short time ago. A young woman presented with a buried tooth in the ascending ramus of the jaw. I begged her to go to a hospital but she could not afford it, and would I not strain a point and operate in my office. I did, the patient is doing fairly well, but we are on the third week of treatment and I believe if the case had been operated in the hospital it would have been out in ten days.

In so far as cutting away the tissue is concerned in these operations, I don't hesitate to cut. I don't believe there is very much danger in weakening the bone, providing we know where we are cutting. I would not hesitate in having stripped soft tissues away to cut half way through the jaw to facilitate operations. But after all that is a question of personal opinion. I think the wound would heal as quickly and as well. The principal point I try to emphasize in operations is that of diagnosis. Make your diagnosis first. Don't go ahead in the dark. Know what you are doing and if you are inclined to lean either way, lean toward the conservative end.

I had a case to diagnose a short time ago. A patient came to me with one of those teeth for operation. I looked at it and saw a typical impaction, almost horizon-

tal, apparently imbedded against the second molar. I explained the case to the patient and named a fee for the operation. It was \$10, \$15, or \$20, and the patient declined.

About a week afterward I had a nice letter from the patient who had gone to Dr. Friedlander, who took it out very easily. I could not diagnose it that way at all.

So far as treatment goes, I am in the habit, after my first dressing is in place, of not disturbing that dressing for some days providing no unfavorable symptoms develop. If there is no undue pain, no rise of temperature, let the dressing alone for three or four days. I have allowed a dressing to remain in for a week. The less you meddle with these wounds doing well, the better they will do.

I think we can have **TOO MUCH TREATMENT.**

Question:—"What is your dressing?"

Answer:—"I vary it according to some cases. For some plain surgical gauze, for some surgical gauze mixed with bismuth, for some iodoform gauze. That covers it in the majority of cases. I find some people stand one thing better than another.

I think Dr. Ream's point about irrigation well taken, although I don't irrigate at all during my operation. I use iodine before and after and I irrigate to cleanse my wound.

I am not prepared to criticize as I said before the methods of anyone, providing he can show results. It makes no difference if you use a stone, or elevator or forceps or a sledgehammer, if you get good results, you get the credit for it just the same.

Now in one or two of the radiographs which Dr. Ream showed, I

noticed
area
molar
the
a clas
opera
where
to ad
second
this i
have s
that s
ing to
very s
movab

Fre
be ma
molar
alone
seen t
years,
ward
servic

The
operat
don't
eration
time c
the be
have.
hacking
the mo
tissue,
irritat
circula
ness in
genera
right a
keep
swabs,
that an
thesia
ters o
twenty
esthesi

I thi
are cor
in acco
we dif
We bo
Mr. Pr

noticed what was apparently an area of infiltration in the second molar at the point of contact to the third molar. These belong to a class of cases which I hesitate to operate. I am very much inclined where this infiltration is apparent to advise the patient to have the second molar removed because if this is not done you are going to have severe neuralgia trouble from that second molar and you are going to lose that second molar in a very short time, so I advise its removal.

Frequently some appliance can be made that will force that third molar upward. Even if you let it alone nature is kind and I have seen third molars in two or three years, where they have come upward and forward and made fairly serviceable grinders.

The point of time required in operating is an important point. I don't advocate any hurry-up operations, but I do claim the less time consumed in your operations, the better result you are going to have. Where you are cutting and hacking around a certain corner of the mouth, you are going to bruise tissue, and where you bruise and irritate tissue you interfere with circulation and there will be slowness in healing. There is a plea for general anesthesia. If you can, go right ahead. It is easy enough to keep the mouth cleansed with swabs, and I will venture to say that an operation under local anesthesia which will take three-quarters of an hour can be done in twenty minutes under general anesthesia.

I think so far as the main points are concerned, Dr. Ream and I are in accord. Only on small points do we differ in individual procedure. We both get results. I thank you, Mr. President.

DR. GREEN:—

"I listened with pleasure to this very practical paper. I am sorry to follow Dr. Hasbrouck, who said everything I was going to say first. There is nothing further to say in the matter. I agree with him results are what we are after.

For over fifteen years I have been removing impacted third molars and in all that time I can remember only a few cases where I had to resort to the carbondum stone and drill, but in any case in which the tooth is situated in a line so horizontal and I can put my forcep on the tooth, I don't resort to the drill. The moment I can grasp that tooth with proper anesthesia and any kind of a forcep and I can get a firm grasp on the tooth, it is going to come out.

I believe in the drill, chisel and carbondum stone when the tooth is so imbedded that your forcep will not take it out. As I said before if my forceps will get hold of it (I always feel if I have gotten hold of the tooth), and if I can move it, I can get it out.

The less surgical procedure you use the sooner the patient will get well. Don't misunderstand me that you don't have to use the drill, chisel or bur. If you can get your forcep on the wisdom and you can close your beaks it will move.

Another thing in which I agree with Dr. Hasbrouck. In many cases it is advisable to remove the second molar. I disagree with the doctor about hospital cases. I have been practicing some years, and I always find out that when anything new aseptic appliances are put on the market the dentists are the first to buy them. They say dental depots supply the dentists with much more aseptic appliances than do the manufacturers the medical profession. I was aston-

ished the other day on going into a dental office where modest fees are gotten at the fine equipment of that office. There are hundreds like it all over the United States. When we come to the question of septicemia from surgical operations, dentists are on the lowest percentage of any as far as that is concerned. As far as the anesthetic is concerned it is absolutely immaterial. I use anesthesia or analgesia. It requires several engineers to work it. Some patients get surgical shock. General anesthesia will never go out of use. Local anesthesia will not take its place entirely.

As far as irrigation is concerned, it is good. When I do an operation where blood is lost I have tampons ready to use. Surgical packings are good, but have no place in a tooth socket. The cotton or gauze used becomes wet with saliva and swells up. For pain I usually take a spatula, put a little of the powder Orthoform on the spatula and put it in the socket after the socket has been thoroughly cleansed. First swab out the socket with iodine. Let the orthoform fall right into the socket and leave it there for a day or two. I don't believe in packing sockets. You want the wound to close. Gauze has no place in the mouth. Imagine all those bugs in your mouth getting into that gauze.

Dr. Ream made one mistake. I don't think he meant it. He does the main work under local anesthesia and then gives general anesthesia for extracting the tooth. Swelling can best be removed with hot fomentations. For swellings I like ice. If I find the patient's face is inflamed and I have a swelling and I am doubtful, I will not apply heat. Heat will bring pus to

the surface. When I am in doubt and I have a swelling, I apply ice because reduction of temperature causes contraction of tissues. When I want pus to come out I want it in the mouth and not outside.

As far as standardizing our methods are concerned, it is over five years ago I advocated the same thing on the lines of anesthesia. You cannot standardize a profession. It is absolutely impossible. Standardizing is impossible when one man is so much more skillful than another. Standardizing a profession would mean to get all brains of the same size and all skill the same way. That is absolutely impossible. Standardizing manual labor might go, but standardizing brains and skill cannot be done. I thank you.

DR. LEDERER:—

Mr. President, members of the Eastern Dental Society:—

"I am rather in a tight place. I should like to begin my discussion as Dr. Green, but because what Dr. Hasbrouck left unsaid Dr. Gren said. However, there are one or two points I would like to dwell on.

Dr. Ream has read a paper that proved very interesting. He has shown very beautiful slides and after listening to his paper carefully one would be impressed with the idea that the removal of impacted third molars is on the whole a very simple matter. The technic of the Doctor is excellent in his hands, and I agree with Dr. Hasbrouck and Dr. Gren that it is not the method but the results which we obtain.

Dr. Ream obtains excellent results from the carborundum stone but I have never used it to remove any third molars. The quotation of such a case as the Doctor was

called on to anesthetize for an oral surgeon during the removal of a third molar is apt to mislead. I myself had a most trying experience to remove four unerupted third molars which took two and one half hours. And still, I would not quote that case as an example of condemnation of hospital work.

The slides shown are beautiful, but it seemed to me that we saw one class of impacted molars, or rather the majority of these cases were of one fixed type. Where the carbonundum disk aided by the elevator and forceps will do excellent service, gentlemen, there are cases, and I regret that I have not the slides to show them, where I have had occasion to remove a third molar that was situated in the same ramus high up. How on earth are you going to get there with a carbobundum disk and an elevator? There is no question that the average impacted third molar can be moved fairly easily, but there is a distinct class of cases that absolutely must have hospital treatment.

Dr. Ream showed a slide with an exostosis of the sixth year root. The method I follow in these cases is to directly make a flap operation and never injure my anterior or posterior root. The mutilation of the soft tissue if you operate antiseptically means nothing, absolutely nothing. I don't believe that the question of the fee should enter into the question whether or not a case should be taken to the hospital. If I saw that the patient needed hospital treatment and he has not the money to pay me or the hospital I would do the operation gratis and see that the case goes to the hospital anyhow. You cannot do in an office what you can do in a hospital. Anesthesia. It is my hobby. I do today, I

think 85% of my work under local anesthesia. By local, I mean conductive anesthesia. By it, you can absolutely anesthetize if you know how, the jaw from the ramus to the median line in the mandible, for the reason that the lingual nerve is also anesthetized. We don't operate on both sides at the same time.

I must differ with the Doctor about hot fomentations. When we have a swelling we use cold applications. If you use heat externally use dry heat, which can be applied by Japanese hand warmers which give you a dry heat or a bag of salt. Dry heat, not wet.

You cannot standardize work. Dr. Hasbrouck states that an operation under local anesthesia which will take an hour can be done under general anesthesia in twenty minutes, and the physical effect can be controlled a good deal. This may be open to criticism. I make a routine practice before a local anesthetic is given, to give bromides and valerin internally. It is wonderful how these little tablets of Bromural take the edge off. The patient had a second lower bicuspid tooth extracted a year ago. The gentleman who attempted to extract it had the misfortune to break off the apex which was in situ. The patient saw four gentlemen who attempted to remove it. The actual removal took about two minutes.

I enjoyed the paper very much, and I thank you for the opportunity to have spoken.

Dr. Ream, closing discussion.

I thank Dr. Hasbrouck for his kindly reception of my paper. Regarding using local anesthesia or analgesia, much depends upon the ability of the operator to secure the confidence of the patient, and place

them in a state of tranquility, before operating.

It is possible for me to have the patient under better control in my dental chair under local anesthesia or analgesia than in any hospital under a general anesthetic.

I admire Dr. Hasbrouck for being careful in making a thorough diagnosis. Many operators are at fault in operating blindly and in an indefinite manner.

Dr. Hasbrouck interests us in the case of the impaction in which Dr. Friedland operated, asking how the Doctor operated. Dr. Friedland confesses removing the twelve year molar only where the tooth is badly decayed. I greatly oppose such a method.

I disagree with Dr. Hasbrouck in letting dressings remain for several days or a week. Dressings in the mouth of my patients become very septic after 24 hours. I would rather let the wounds remain open than let the packings remain longer than this period.

Dr. Hasbrouck advises extraction in such cases. Let me say the second molar would have to be in a *very bad condition*, before I would accept his advice.

The Doctor's point in coaxing up the impacted third molars in certain cases, is well taken, especially in the mouths of younger patients.

Dr. Green says "If I can put my forceps on the impacted tooth I do not resort to the drill" Let me ask the doctor what he does in the cases where he cannot "put his forceps" on the tooth and still he says "only a few times have I used the drill."

My object in using stone and drill is to exert extreme care and avoid unnecessary force. I want to thoroughly release the teeth before removing them. Please con-

sider the cases I have thrown on the screen this evening, and Dr. Green's teaching? I use heat where there is congestion. Heat will cause resolution of a congested area, and cold a stasis, and ultimately more breaking down of tissue than if heat is used in the beginning; besides, heat will relieve the patient much more.

Dr. Lederer says he "never uses the stone and disc" and yet he says, "I obtain excellent results." I would like to ask the doctor what he would do in the case of Dr. Ros, my patient who will address you, the third day after I removed his impacted tooth in my office. He is present and I will throw on the screen slides before and after operating, showing the small amount of tissue I have sacrificed. He has not been detained from going about daily and has run no temperature or infection.

Dr. Lederer speaks of consuming two and a half hours removing four unerupted third molars. If he means at one operation I would have advised removing one of these teeth at a time, instead of submitting the patient to such a long ordeal. I never advise the removal of four third molars at one sitting, preferring to remove the upper and lower one on one side and allowing at elapse. Thus the patient is not inconvenienced.

The Doctor's method of opening up the soft and hard tissues buccally is good, and may serve us in certain cases. Also, the use of bromides or sedatives preceding anesthesia. I always precede my hospital anesthesia with morphine and atropine, half an hour before giving a prolonged anesthetic, but have not practiced the method so much in dentistry. It may be well to do more of it.

D
onstra
Metho
servi

Before

Impa
left
mont

C
days

Dr. Ream presented many interesting cases of impactions, demonstrating his surgical technique, a few of which follow:
Method of removing anterior abscessed root of lower molar, preserving posterior root for crowning



Before



After

Before operating for chronic dento-alveolar abscess.



Before



After

Impacted lower third molar, causing pronounced exophthalmus of left eye, with the usual history of pain. Eye improved 50 % in two months after operating and pain ceased.



Case of my patient Dr. Ros, whose impaction I removed three days ago.



Before



After

THE SOCIAL DEMOCRACY AND GERMANY

By Karl Kautsky in the February-March Number of The Intercollegiate Socialist

It is a rather difficult task in a brief space to comply with the Intercollegiate Socialist Society's request to give a detailed account of the accomplishments of the Socialist movement in Germany.

The concessions actually secured by the action of our party in the Reichstag, in the diets and in the municipal councils are comparatively small, as we are everywhere only a minority. Most of our accomplishments were due indirectly to the growing importance of the workingmen's vote and to the keen competition between our party and the other parties for that vote. But all concessions, achieved directly or indirectly as a result of pressure by us, are unimportant, compared with the achievements of capitalism during the same period. This cannot be otherwise so long as we are a minority in the state.

We obtain, however, a different view if we do not look at our political achievements alone; if we consider how much intellectual, moral and even physical force the working class of Germany has developed through its class struggle fought under the leadership of our party.

In the first half of the last century, the greater part of the workingmen of Germany were a set of desperate beggars, helpless and hopeless, timid and ignorant, des-

pised or pitied by the upper classes.

To-day they are morally and intellectually its most prominent class, and even physically they are becoming superior to the peasantry whose physical force is fast declining, inasmuch as it sells its produce instead of eating it itself.

The high goal of Socialism and the solidarity of the working class which only Socialism can bring about, gives to the workingmen hope and confidence and growing strength. Although our political accomplishments are small, and although they would be practically useless without the aid of the Socialist party, they become steps for a higher development through the Socialist party. Our party not only is responsible directly or indirectly for those accomplishments but teaches the workingmen to make the most of them.

So the workingmen of Germany and their party are getting stronger from day to day, and we hope soon to be able to compel the ruling classes to grant bigger concessions. In the meantime we are preparing the great future by making the most of all practical means to make the workingmen wiser, more self-confident, better nourished and less exploited. Revolution and reform are for us not incompatible. We are paving the way for the revolution by reforms.

DR. L.

DR. J.

Subscr

T
scribe
manus
for a
opinio
our re
to ou
we de
unles
reque

W
a pe
Aim
defin
here
not
unde
the
tist;
that
amo
one
pure
jour
been
pro
T
con

The Progressive Dentist

Published Monthly by

PROGRESSIVE DENTIST PUBLISHING ASSOCIATION

DR. L. LEVITT, 66 Graham Av., B'klyn, N. Y. Editor
Telephone, Stagg 4485—J

DR. JACOB GERBER, 346 E. 10th St., N. Y. City Business Mgr.
Telephone, Orchard 909

Subscription Price - - - - - 50 Cents a Year

This magazine maintains an open forum. We appeal to our subscribers to avail themselves more extensively of our pages and send in manuscripts on any topic they think interesting. We will provide space for any criticism offered in good faith. We are not responsible for opinions expressed through the agency of the free forum. We limit our responsibility to what is published editorially only. We also reserve to ourselves the right to alter, abbreviate and correct manuscripts if we deem it necessary. Manuscripts we do not publish are not returned unless so requested in which case return postage is to accompany the request.

EDITORIAL DEPARTMENT

OUR AIM AND POLICY

With this issue we enter upon a period where our position, our Aim and Policy must be clearly defined. Not that these were heretofore vague and ambiguous; not that our aim and policy have undergone any changes during the life of The Progressive Dentist; but because our chief aim—that of disseminating radicalism among the professionals—on the one hand, and our next aim—the purely professional part of our journal—on the other hand, have been questioned by some of our professional men.

To the average, normal mind not congested and obscured by clouds

of antagonism, the above few words would have served as ample indication of our aim as well as our policy, hardly requiring any further elucidation. And such, we are sure, are the minds of our readers, but for the benefit of the minds not thus conditioned and with the hope of relieving the congestion, we will state the following:

We believe that we are, first of all, Men, and then Dentists, hence The Progressive Dentist speaks to dentists not only as such, but also and primarily as members of society—as individuals living under a social order, or rather disorder, which we strive to overthrow.

We believe that dentists more than any other professionals feel the iniquity of the present order of society with which they so frequently come in contact in their daily activities. The opinion that a dental magazine is not a place for advocating Socialism, or radical or reform ideas, is rot and is the product of the spasmodic functions of a morbid brain—wherever human beings are found, is the place for advocating an idea.

The tree of Socialism has reached the stage of maturity, where its roots, deeply penetrating and permeating the fertile social soil, have, in their infinite ramifications, reached and entwined every fibre of social life, infusing into it the spirit of progress and reform; no social institution is exempt from its influence, no human achievement, no avenue of thought in science and art, has escaped its magic touch. The idea of Socialism has stirred and evolved the best and noblest that was hidden in the remote recesses of human nature. Are we to marvel, then, that its magic touch had so prodigious an effect upon the professional man, who is placed in that peculiar position where he is forced to see, feel and observe the social factors at work? It is, therefore, natural that the seed of radicalism should find a fertile soil in the heart of the professional.

But like any other seed it requires dissemination and subsequent care and attention; let the

principle of division of labor be applied in this case—to be the organ of the radically thinking element in the dental profession is the mission of the Progressive Dentist

The policy of the Progressive Dentist Publishing Association is that of the Progressive Dentist itself, viz: Perfect Democracy—every subscriber is simultaneously a member of the Progressive Dentist Publishing Association, and has a voice and vote in the affairs of publication. Our meetings and our transactions are open to the scrutiny and criticism of all those who are taking an interest in the Journal.

As such we solicit the moderate support that it needs to carry on its useful activity. Our magazine was never in better condition than it is now; never in the history of this periodical (as this number bears witness) were we in possession of more and better literary material than we are now. Nor are we worse off financially.

Our needs are very moderate and the slightest effort on your part will suffice to satisfy them.

We, in our turn, shall do all in our power to give you a useful and interesting periodical—one that will keep in touch with all that is going on in the dental profession and in society in general—one that will be worth every cent of the small subscription fee.

**SEND IN YOUR 50 CENTS
AND RECEIVE A COPY
EACH AND EVERY MONTH
OF THIS MAGAZINE**

ORTHODONTIA—A FAILURE.

By M. J. Emelin, D. D. S., New York.

(Continued from last issue)

the appliance the patient commenced to recover."

Both Dr. Ottolengui and Dr. Kemple admit that **"orthodontia is still in the very primitive stage."** Dr. Kemple also says: "There exists to-day very little, if any, really positive knowledge as to the true etiology of some of the worst forms of mal-occlusion. Nearly all that has been written about this branch of the subject is based upon such **meagre theoretical reasoning** that it becomes **practically valueless** when measured by the standard of true scientific investigation."

It would seem rather absurd to have metals dissolved in the oral fluids, but it is indeed a fact that an electric current exists in the mouth in the presence of acid saliva, body-heat and many alloys of the orthodontic fixtures. And it is granted that, notwithstanding all possible care, tooth-moving, when such is resorted to, is **an exciting cause of enamel disintegration.**

The fallacy of orthodontia is of more significance when we consider the tender age of the children practiced upon, the antagonism to nature's tooth development at this period, the irritability of the victim under the stress of the formidable **orthodontic muzzle**, the painful ordeal the child undergoes, its trying efforts to help the orthodontist in his **unstable results**, and the added strain of school days. Then, there is always the anaemic child with the **impaired digestion due to the**

It is quite evident, that apart from the metal-poisoning, there still exists a complete and unfortunate confusion among the orthodontists about the choice of metals. For example, one specialist expresses himself thus: "German silver is an evil, but is not the noble metal appliance advocated a greater evil? Another specialist believes that, "German silver disintegrates and discharges into saliva poisonous doses of salt." Still another writes, "In one of my worst cases where there was disintegration, noble metal appliances were used." Dr. Ottolengui says: **"We do not know** just what damage we do to the system through the use of metals. However, it is sufficient reason for discontinuing the use of any metals which can throw down such poisonous salts." Surely, orthodontia could not be practiced without the use of metals! One doctor asserts that "none of us know" about the poisonous assimilation of metals by the majority of patients; that the disintegration of metals is extensive, and cites an instance where the bands "were disintegrated to such an extent that they simply dropped to pieces. You could not handle them without parts crumbling off." The same woeful results appear when silk or grass-like ligatures are used. Another orthodontist has this to say: "While the orthodontic work went along very nicely . . . the boy had been affected with something bordering upon epilepsy, and on the removal of

changes in the saliva from the metals in the mouth, and the pathological condition of the peridental membrane—often present—owing to the **cruelty of the too rapid moving** of the teeth. All these form elements sufficiently strong to impair the child's well-being and the child's teeth.

The gradual and uninterrupted nerve irritations truly produce grave results during the long time the archer is at war with the child. Yet these are only "discomforts" and annoyances" when the orthodontist hypocritically braces his patient in order to endure the pain, and says: "Well, this is good, this is just what we want, this is an indication that the **teeth are moving.**" Indeed, could anything be more cold-blooded than this attempt at mitigating pain?

Orthodontia deals with human teeth, as the cattle-fancier deals with the ears and tails of most of our domestic animals, to **satisfy foolish vanity, for unsound, cruel, cosmetic reasons—and for the price!**

Orthodontia is a modern cruelty, even in the fads and fancies more compassion is manifested for the animal than for the child. A pet pig, with rings around his feet and tail, and ribbons about his neck, and decorated pet dogs, with gold and diamonds in their teeth, have better care than a multitude of deserving children.

The frail little creatures are assailed against their fortitude. They no longer feel the inclination for amusement and exercise which comes with health. With the suffering child I would say, "Gnaw asunder this rope which hurts me, and which I cannot reach."

The overindulgence of affectionate mothers is blind. Nothing but

thoughtless vanity prevents them from seeing the suffering of their loved ones, the grievous results of which, if known, would break their hearts. The orthodontist coolly and deliberately invades the child's domain with vexation, jars upon its feelings, forces tears to its eyes, and only the poor child feels "where the shoe pinches"! Though it is with the consent of the mother, the wrong and inhuman intrusion upon the child's health calls for our serious consideration.

Orthodontia, to my mind, is on a par with the plastic, money-making speculations of a few medical men. In fact, it is another form of quackery, a **brutal commercialism**, an evil alternative, a twin brother to the paraffin trade, which was long ago recognized as such by the best men of the medical fraternity.

The broad nose, flat or narrow nose, the furrowed forehead, blown to perverted shapes with paraffin, by the quick or invisible method for the simple extraction of from fifty to eight hundred dollars, with free advice as to how the **defects** ruin a face, should have our consideration when we treat the subject of orthodontia.

Of course, our aim is not to satisfy the vain beauty seekers; we should find no satisfaction in these closely paralleled innovations; both are wasteful enterprises and must perish before the higher and worthier sentiments of our healing arts.

Orthodontia, like the paraffin injection, is a fad of criminal birth and is not without risk. The few instances, which have given rise to court actions, in practices of a specialty that is comparatively short-lived, are withal indicative of the failure of orthodontia. To

dentistry
moth. Th
it is, is n
sider the
donic pa
that coul
rebate to
dentists),
fession to
tims, and
store bea
cialty of
is—that
tionally c
of the va
pill whic
the sake
fail to m
Besides t

It appe
to corre
vents "y
take go
that last
only one
a troubl
neglect
tinue to
into acc
the vict
John R
both ty
both de
the ma

"Pic
deceiv

"It
apolog
ties an
ages ha
the cr

... "
unless
their r
founda
partur
neath
such t
hood."

As
least

dentistry it is like the flame to the moth. This aspect, deplorable as it is, is noteworthy when we consider the limited number of orthodontic patients. It is a tyranny, that could not exist without the rebate to their agents (friendly dentists), without begging the profession to supply them with victims, and without offering to **restore beauty in the guise of a specialty of dentistry.** The falsehood is—that the orthodontists intentionally creep into the good graces of the vain beauty seeker, gild the pill which she is to swallow for the sake of prospective beauty and **fail to make good their promise!** Besides their results are **not stable.**

It appears that one class tortures to correct wrinkles, the other invents "wrinkles" to torture; both take **good money for good looks** that last but a while; both change only one of the many symptoms of a trouble that is deep-rooted; both neglect the real causes which continue to exist as before; both take into account the cosmetic side of the victim, and both pretend art! John Ruskin would have branded both types as the lowest, because both deceive the moral and falsify the material truth!

"Pictures which imitate so as to deceive are never true."

"It is the source of, and the apology for the host of technicalities and absurdities which in all ages have been the curse of art and the crown of the connoisseur."

"Few buildings are beautiful unless every line and column of their mass have reference to their foundation." . . . "Every departure from nature is a fall beneath her, so that there can be no such thing as an ornamental falsehood."

As "the white paper is not the least like air, nor the black shad-

ow like wood," so cheeks or noses filled with paraffin are neither truthful nor beautiful, nor do teeth pushed in or out constitute a permanent correction. Neither of the two processes bring about a result that harmonizes with the remaining features left unaltered. There is a lack of symmetry which is perceived at a glance, while "In the commonest human face, there lies more than Raphael will take away with him."

It is like the striking deception of the unskilled, who for the first time apply rouge to their sickly faces and overlook their mouths, their ears yellow as wax, and their foreheads pale as death! We can hear some of our friends saying: "those cold horrible details!" However, another effort of imagination will easily enable us to see this.

Dr. Kingsley said, "Orthodontia is the most wonderful branch of technical scientific art." Yet to my mind, the man behind it is ever a craftsman, **never an artist!** He roughly modifies one feature and leaves the rest untouched! The result is but a **fashioned orthodontic beauty**, a specimen of capricious ugliness!

"Your friends avoid you, brutishly transform'd

They hardly know you;—or if one remain

To wish you well, he wishes you in heaven!"

On the other hand—nature is not always beautiful, but she is delightfully expressive and harmonious. She has produced more than one effect, more than one symptom, a perfect structural harmony in lines and expression: a harmony of body, mind and soul. To correct **one symptom or one effect** nature would efface the rest: she would then create another.

er great edifice, a new gift, a new harmonious truth!

Fortunately, orthodontia sails under its own name, and is so little known to the general public, that it is not as harmful as it would be were it more widely known. Time and clinical records will protest stronger than I can. Truth will assert itself in due time, and if the orthodontists are fairly representative of the coming humane dentists, who are to take charge of our public health, may the heavenly powers mercifully regard the interests of our profession and the nation's children!

ADDENDUM

A word on prophylaxis: We hear so much about prophylaxis of the mouth, even prophylactic orthodontia! Do I hear it aright? Prophylaxis, in no connection, could present a better or more rational sentiment. However, my views differ radically from those of the profession. The prophylaxis of human teeth, as I have fully appreciated, is in keeping them perpetually in profuse, healthy, uncontaminated saliva, to the perfect exclusion of air in one's mouth, with the teeth firmly locked in occlusion and lips tightly shut. Excess of saliva should be swallowed only under such conditions, and we should be mindful of saliva in the mouth while talking, reading and laughing.

The mouths that are particularly immune to dental caries are evidenced in the few healthy normal breathers whose teeth are ceaselessly immersed in ever-flowing saliva and shut in air-tight between the relaxed muscles of the lips, tongue and cheeks!

It is my strong conviction that the etiology of tooth decay is in the deficiency of the saliva or in its abnormality, and that all pos-

sible interference with the mysterious functions of the saliva are injurious to our organs of mastication.

Most prophylactic measures, procedures or appliances, and habits which cause the saliva to dry or to diminish its secretions or alter its chemical composition while in the mouth, are decidedly detrimental to the welfare of the enamel upon our teeth, and should be viewed as adding fuel to the fire.

I was pleased to note Dr. Grieves's significant view of prophylaxis. He says: "While prophylaxis is necessary, it alone will not prevent decalcification, and **may induce it.** That apparently the more thoroughly the clean-up the greater the enamel decalcification. It indicates a **loss of something; that some protective process had been interfered with.**" Dr. Grieves struck the right key, and I heartily agree with him, for, as he says: "In this lies the very 'crux' of the whole, great, yet unsettled question of dental caries."

Anything kept in the mouth any length of time (candies, metals, etc.) affects the saliva and is like "a wolf at the door." From this standpoint the excessive damaging consumption of candies and perfumed lozenges, or ice cream and soda drinks should be viewed as a calamity.

Hardly a civilized person escapes dental caries and nasal disorders with more or less consequent mouth-breathing. And when we consider that the nasal cavity borders the oral cavity, and that through the continuity of tissues these meet near the glands at the soft palate, a pathological disorder of one must of necessity affect the other.

A foul odor about the mouth is

a sufficient symptom of anaemia, invariably associated with a "dead t" elsewhere. It is a most offensive disease in itself, and is a link in the chain of other ills about the head. Hence, an examination of a mouth by the dentist is never complete without noting the conditions about the ear, eye, throat and nose, upon the health of sinuses draining into the throat and mouth, and with inflamed, overworked glands are doomed to premature decay.

Furthermore, the problem of

ideal oral prophylaxis can hardly be solved until we know more about the saliva, how to free it from impurities without interfering with its rightful functions, how to keep it in a healthful state, how to correct its disorders, how to free ourselves from nasal ills or any infection about the head, how to free ourselves from mouth-breathing as an habitual acquirement, and until the care of all sinues about the head shall be united in one field of oral surgery.

M. J. E.

"THE CALF PATH."

By Sam Walter Foss.

One day through the primeval wood
A calf walked home as good calves should

But made a trail all bent askew,
A crooked trail, as all calves do.

Since then two hundred years have fled,
And, I infer, the calf is dead.

But still he left behind his trail,
And thereby hangs my moral tale.

The trail was taken up next day
By a lone dog that passed that way.

And then a wise bell-wether sheep
Pursued the trail o'er vale and steep.

And drew the flock behind him, too,
As good bell-wethers always do.

And from that day o'er hill and glade,
Through those old woods a path was made

And many men wound in and out,
And dodged and turned and bent about,

And uttered words of righteous wrath,
Because 'twas such a crooked path.

But still they followed—do not laugh—
The first migrations of that calf,
And through this winding wood-way stalked
Because he wobbled when he walked.

This forest path became a lane,
That bent and turned and turned again.

This crooked lane became a road,
Where many a poor horse, with his load,

Toiled on beneath the burning sun,
And traveled some three miles in one.

And thus a century and a half
They trod the footsteps of that calf.
The years passed on in swiftness fleet,
The road became a village street,

And this, before men were aware,
A city's crowded thoroughfare,

And soon the central street was this
Of a renowned metropolis.

And men two centuries and a half
Trod in the footsteps of that calf.

Each day a hundred thousand rout
Followed the zigzag calf about;

And o'er his crooked journey went
The traffic of a continent.

A hundred thousand men were led
By one calf near three centuries dead.

They followed still his crooked way,
And lost one hundred years a day.

For thus such reverence is lent
To well-established precedent.

A moral lesson this might teach,
Were I ordained and called to preach.

For men are prone to go it blind
Along the calf-paths of the mind.

And work away from sun to sun
To do what other men have done.

"The
use," s
Boston
cent me
tal As
strong,
veloped
to my c
tooth w
large a
four o
present
nave u
In rep
ple in
unfit f
weeks

"Th
of the
tions i
toward
source
teeth a
will no
supply
ent on

"On
I ever
fifteen
size of
caused
was d
am po
ankylo

They follow in the beaten track,
And out and in, and forth and back.

And still their devious course pursue,
To keep the path that others do.

But how the wise old wood-gods laugh,
Who first saw the primeval calf.

Ah! many things this tale might teach—
But I am not ordained to preach.

—Oral Hygiene.



LACK OF EXERCISE RUINS THE TEETH.

"The jaws were designed for use," said Dr. Horace L. Howe of Boston in a discussion at the recent meeting of the National Dental Association. "Recently a strong, handsome, splendidly developed Swedish gentleman came to my office for treatment. Every tooth was perfect. The jaws were large and well developed. Only four or five small fillings were present. I remarked that he must have used his teeth when young. In reply he told me that his people in Sweden considered bread unfit for food if less than three weeks old.

"There is no doubt that the use of the jaws in vigorous mastications is the source of stimulation toward their development and the source of the preservation of the teeth after they erupt. The jaws will not develop without the blood supply, which is, in turn, dependent on the stimulation of exercise.

"One of the most pitiful objects I ever beheld was a boy of perhaps fifteen whose lower jaw was of the size of that of a child of six. What caused this condition? I know it was due to lack of use. Of this I am positive, because the boy had ankylosis of the jaw from child-

hood. His jaw lacked the stimulation of use.

"Just a word regarding the importance of the nose. The stream of air passing in and out of the nose under positive and negative pressure is an immense developing force. When we inhale vigorously through the nose the whole internal head is ventilated, the accessory sinuses are cleared, the air is dragged from the frontal sinuses, the internal ears are ventilated through the Eustachian tubes. To demonstrate this fact one has only to breathe vigorously through the nose, especially in cold weather. Again, when the air is exhaled through the nose a positive pressure is exerted, which sends the air forcibly through all these passages. Thus it goes back and forth, ventilating and clearing and developing the whole head.

"Imagine the loss when the nose is not used. The stream of air when carried to the lungs through the mouth, besides losing the filtering and warming effect of the nose, does not become the developing and ventilating force I have described. Imagine what this loss means to a developing child.

MUST NOT SELL COCAINE TO DENTISTS.

The question having arisen whether under the Walker cocaine bill the pharmacist might legally fill prescriptions from veterinarians and dentists, it was submitted to Thomas Carmody, attorney general for the State of New York, who has issued an opinion to the effect that under this law the retail druggist is debarred from selling to dentists or veterinarians. The full text of the opinion follows:

Penal Law. § 1746. Sale of Cocaine. Purchase by Veterinarian.

Veterinarians may not purchase cocaine of a druggist, except in the original package, nor may prescriptions signed by them be filled.

Inquiry.

A veterinarian presents to a druggist a prescription calling for cocaine "to be used by veterinarian." May the druggist under the amendment made this year to Section 1746 of the Penal Law fill this prescription?

Opinion.

An elaborate scheme for the control of the sale and possession of cocaine and its products is provided by the statute. Sales may be made, only to certain classes of persons, in the original packages, and in limited amounts. The classes to whom such sales may be made are pharmacists, druggists, including both manufacturers and dealers, physicians, veterinarians and dentists. Every sale must be recorded, with full details as to amount, date, and name of purchaser, and all cocaine purchased must be kept, with two exceptions, in a place specified in the record of sale. The two exceptions as to keeping the drug in a specified place are of sales under physicians' prescriptions and of certain limited quantities which may be carried by a physician, veterinary or dentist for use in his profession.

No provision is made for the filling of prescriptions of dentists or veterinarians, and such use of the drug as these two classes may make in their profession is therefore limited to that of direct personal administration. An attempt by a dentist or veterinarian to use the drug by means of a prescription to be filled by a druggist is penalized by making it a misdemeanor for anyone not of the classes specifically authorized to have any of it in his possession, without the certificate of the person making the sale, stating the name and address of the physician upon whose prescription the sale is made.

I am, therefore, of the opinion that a druggist is not authorized to fill a prescription calling for cocaine, signed by a dentist or veterinarian, and that the right of dentists and veterinarians to use the drug is limited to its purchase in original packages of direct administration to the patient.

(Signed) THOMAS CARMODY, Attorney-General.

Albany, July 2, 1913.

P. S.—The above bill relating to dentists was amended and the amendment was handed to Assemblyman Solomon Sufrin, Progressive, of the 8th A. D., who brought it before the Legislature, argued for it, and finally succeeded in getting it in the hands of the Codes Committee. He appeared before that committee and they set a date for the hearing on March 4, 1914. A delegation of dentists will appear in behalf of the bill.

DENTAL SOCIETY NEWS

HARLEM DENTAL SOCIETY—Meets the fourth Thursday of each month at Fraternity Building, 67 West 125th St.

Dr. W. S. ENGELBERG, Sec'y, 2400 Seventh Ave., New York.

EASTERN DENTAL SOCIETY—Meets the first Thursday of each month at Cafe Boulevard, 156 Second Ave., Cor. 10th St.

Dr. A. LeWITTER, Sec'y, 330 E. 4th St., New York.

KINGS COUNTY DENTAL SOCIETY—Meets the second Thursday of each month at Masonic Temple, Claremont Ave. near Lafayette Ave.

Dr. S. H. FILLER, Sec'y, 220 Stockton St., Brooklyn, N. Y.

It is quite evident, that apart

A regular meeting of the Eastern Dental Society took place at our meeting room, Cafe Boteme (formerly Cafe Boulevard) Second Avenue and Tenth Street on Thursday evening, February 5, at 9 p. m.

The paper of the evening, which was of unusual interest to the profession, was read by Dr. Theodor Blum. The subject was "Conductive Anesthesia." The paper was discussed by Otto Kiliani, M. D. and Dr. Wm. J. Lederer.

P. S. This paper will be printed in another issue.—Editor.

The following candidates proposed, were voted upon:

Dr. Joseph Mann, 317 Second Avenue; proposed by Dr. Ratner.

Dr. Henry Spenadel, 317 East 10th Street; proposed by Dr. Fuchs;

Dr. E. R. Bauman, 445 East 12th Street;

Dr. Maximilian Cohen, 239 East 5th Street;

Dr. Barnet D. Kantrowitz, 245 East Broadway;

Dr. J. Whynman, 15 Third Street, Elizabeth, N. J.; proposed by Dr. LeWitter.

A. LeWitter, Sec'y,
330 East 4th Street.

Harlem Dental Society

A regular meeting of the Harlem Dental Society took place Thursday evening, Jan. 29, 1914, at the Fraternity B'd'g, 67 W. 125th Street.

Under Reports, Dr. M. S. Calman reported as to the activities of the Allied Dental Council. The Council was to take up the Cocaine Law fight and call a mass meeting to that effect.

It was also working towards organizing a Bronx Dental Society for the benefit of the Bronx Dentists.

The Treasurer reported that owing to the discrepancies arising from time to time in regards to dues that a motion should be made that the members pay their dues on the respective months they were elected to membership.

A motion was made by Dr. Ortman, seconded and carried that dues be credited for the fiscal year beginning with January; those becoming members before September should pay for the full year; those between August or September (?) till the end of the year should be excused for the three months provided they pay in advance for the following year. The meeting adjourned at 12 P. M.

Kings County Dental Society

A regular meeting of the Kings County Dental Society was held on Thursday evening, February 12th, at 8.30 p. m., at our quarters, Masonic Temple, Lafayette and Clermont Avenues.

The speaker of the evening was Dr. Thaddeus P. Hyatt, and his subject "Oral Phophylaxis: How to Practice It; How to Demonstrate It; How to Teach It."

The healing art has entered a new era, the crowning era of them all, that of *prevention* rather than dental profession, should be found in the vanguard proclaiming from the housetops the vital importance of prevention.

Dr. Hyatt has devoted a good many years to the study of this subject, and as a Lecturer for the Board of Education, he was admirably fitted to handle his subject.

The discussion was opened by Dr. A. H. Merritt, and Dr. A. H. Stevenson.

The following candidate was voted upon at this meeting for admission to membership:

Leon Harris, M. D., D. D. S., 236 Carroll Street.

Just before the calling of the speaker to the stand one of the members got up and made the following motion: "I make a motion that neither the *Progressive Dentist* nor any publication except the "*Dental Outlook*" should be allowed to publish the minutes or announcements of the Kings County Dental Society nor shall they be allowed to publish the papers that are read before the society be they obtained by stenography or otherwise." The chairman (The *Progressive Dentist* gives him credit for his fair-mindedness) called the motion out of order on the ground that it was ungentlemanly and undemocratic. After some argumentation he was forced to put it before the house. A few minutes intervened before any-

body was heard to second the motion. Doctor Joffe finally did it. A very heated discussion followed in which Drs. Joffe, Williams, Robbins, Harris, etc., spoke in favor of the motion, and Drs. Levitt, Nevin and another young man (his name is not known to us) spoke against the motion and in favor of the *Progressive Dentist*. This young man whose name we do not know, professed not to be a Socialist, not even to be a sympathizer of the *Progressive Dentist*, but took the stand that the Society is undemocratic if it allows such a motion to pass; that the Society should allow not only the *Progressive Dentist* to publish its papers but fifteen magazines, if such a number could be found to spread the dental knowledge among the profession, for that is the very purpose of the existence of the dental societies. It is needless to say what lies and slanders were thrown at the *Progressive Dentist* by the opposition; suffice it to state that several votes were taken, each one worse than the previous one for the perpetrators of the motion. The final vote being 8 for, 16 against. So disgusted were the members with the attitude of the originators of the scheme that (as is shown by the vote) a great many of them left the room and the majority did not care to vote. After the lecture and discussion, which, by the way, was excellent due to ability of the speakers to handle the subject, and as many members had already left, another attempt was made to bring the motion up before the house and see if by chance it could not be railroaded through. Thanks to the fairness, honesty and steadfastness of Dr. Schapiro, the chairman, such an attempt proved futile. They had to be content merely with a discussion of the subject. The meeting adjourned at about 12 P. M.



THE PRIME REQUISITE FOR
LOCAL ANESTHESIA
IS SAFETY IN THERAPEUTIC DOSES.

This is offered to the Dental Surgeons in
NOVOCAIN-SUPRARENIN

Ask for Samples of Hypodermic Tablets E for
Injection Anesthesia, or for Novocain-Suprarenin
Pluglets for Pressure Anesthesia.

FARBWERKE - HOECHST COMPANY
Pharmaceutical Department
H. A. METZ, Pres.

30 BEACH STREET,

NEW YORK CITY.

**THE NOVOCAIN-ADRENALIN NON TOXIC ANTISEPTIC
LOCAL ANEASTHETIC**

A pure, safe and efficacious solution, of the same density
as the cell contents, containing Novocain, Adrenalin,
Chloretone and Sodium Chloride. 2 oz 50c 6 oz \$1.25



(Reg. U. S. P. Off.)

THE IDEAL ROOT CANAL FILLING

Possesses the following properties: (1) Mummifying;
(2) Permanently antiseptic; (3) Renders inert the by-
products of decomposition; (4) Gradually hardens;
(5) Is easily removed.

Your Dealer or

NOVOCOL CHEMICAL MFG. CO., 363 WYONA ST. BROOKLYN, N.Y.
Samples sent on request

Do you know

S. BOGORAD

**THE DENTAL JEWELER
AND REFINER** 

Geet acquainted, it will pay you!

He pays spot cash and the highest price
for Filing, Scrap and Sweeping, and
anything in the gold line you cannot use.

A Postal or Phone call will bring him to you.

522 Vermont Street Brooklyn, N. Y.

Telephone, E. N. Y. 1844

Tel., Lenox 8145

A little saving here and there
goes a long way in the end

M. BRAUDE

GOLD, SOLDER,
DENTAL SUPPLIES
& SPECIALTIES

1422 Madison Ave., New York

All Dental Goods at
very reasonable Prices

Our motto is: Once we sell you
goods you'll always deal with us

Tel. 5348 Orchard

BENJAMIN MARIN

Dental Laboratory

High Grade Work at Moderate Prices

26 ST. MARKS PLACE

(8th St.) Bet. 2d & 3d Aves. New York

Telephone Harlem 2629

H. KAPLAN

Dental Laboratory

Casting a Specialty

2 WEST 113th STREET

NEW YORK

'Phone Harlem 3879

L. BERGER

46 W 116th St. New York

I Make a Specialty of

SIGNS

FOR DENTISTS

THE

Our new Mo
making such
demanded in
featured on



breaking of
current.

The swiv
arm being r
tion with th
the way, wh
interference

THE

31 West Lake S
CHICAGO

In answering advertisements please mention the Progressive Dentist.

THE REASON WHY

Our new Model "C" COLUMBIA ELECTRIC ENGINE is making such an impression with those dentists who know what is demanded in the electric engine, is because the various new ideas featured on this engine are radically different from anything to

be found on other makes. One of these unique ideas is here presented in

THE SWIVELLED MOTOR

Which can be detached from the yoke without disturbing any wires. This eliminates

breaking of wires and furnishes a broad contact for supplying current.

The swivelled motor feature of our engine also admits of the arm being raised to an upright position, which, taken in connection with the folding bracket, places the engine entirely out of the way, when not in use, and thereby eliminates the problem of interference with other apparatus.

Send for our Catalog

THE RITTER DENTAL MFG. COMPANY
ROCHESTER, N. Y.

31 West Lake Street
CHICAGO

200 Fifth Avenue
NEW YORK

1421 Chestnut Street
PHILADELPHIA

C26



An Announcement THAT WILL REVOLUTIONIZE THE PRACTICE OF DENTISTRY

Following actual tests in the mouth by fifty of the most prominent dentists in the United States during the past year, in addition to exhaustive laboratory experiments by some of the most noted chemists in the country, we herewith announce the formal introduction of

SMITH'S COPPER CEMENT

This possesses the same superior sedative and therapeutic values as our Black Copper Cement, and is made in the following eight shades, all of which positively

WILL NOT DISCOLOR IN THE MOUTH

Light	Pearl Gray	Yellow	Golden Brown
Light Gray	Light Yellow	Light Brown	Reddish Brown

SMITH'S COPPER CEMENT

is more impervious to moisture and secretions of the mouth; is smoother mixing, more adhesive and tenacious, and will withstand greater crushing strength than any form of dental cement that has ever been made.

It may be used with equally good results for filling deciduous teeth, for permanent fillings even in deep seated cavities, where the ordinary zinc cement would not be indicated under any circumstances; also for setting crowns, bridges and inlays.

A liberal sample of this remarkable material is being mailed to every dentist in the United States and Canada whose name is on our list.

Each portion contains about one-third more material than the better quality of zinc cements already on the market.

PRICES

One Color, Single Portion Pkg.	\$2.00	Four Color, Single Portion	\$ 6.00
One Color, Double Portion	4.00	Six Color, Double Portion	20.00

YOUR DEALER HAS IT OR WILL HAVE IT

Lee S. Smith & Son Co., Pittsburgh, Pa.

Telephone, Orchard 515

MANHATTAN DENTAL SUPPLY CO.

Dental Supplies Gold & Teeth

WE CARRY THE BEST LINE
IN DENTAL SPECIALTIES

WE CARRY THE FAMOUS DENTHOL LOCAL ANAESTHETIC

415 Grand Street

We specialize in all forms of

INSURANCE

FOR DENTISTS

Best protection at lowest cost

HENRY M. FRIEDMAN

Mgr. Dentists' Insurance Dep't

Michael Gold & Co.

91 WILLIAM ST. New York

Tel. 1477 John

Send for a reprint of "Insurance Traps". It will open our eyes to a few facts regarding proper insurance protection for Dentists.

TO WIDE-AWAKE DENTISTS

Let me show you how to build up your reputation and increase your income. If you have any difficulty with any case just call me up and I will gladly help you out. I have special methods for:—

Lower Lingual Bar Plates

Skeleton Upper Plates

Porcelain Faced Crowns

Oval Bridges

All Kinds of Castings

A trial will convince you

H. GOTTLIEB

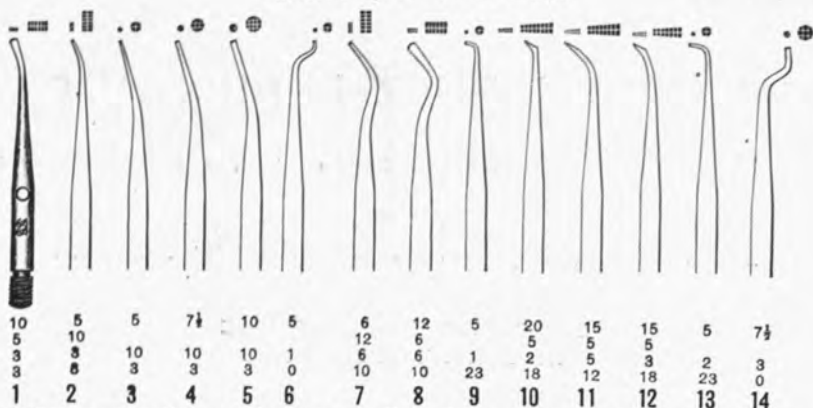
288 East Broadway

New York

Telephone, Orchard 1200

NORTHWESTERN UNIVERSITY PLUGGER POINTS

Patterns by Dr. G. V. Black



When a practitioner who has studied the problems of operating upon the natural teeth as Dr. Black has studied them presents a set of plugger points as meeting every need of automatic mallet filling, you may be sure they will not be found wanting.

That is the story of the set of fourteen Northwestern University Automatic Plugger Points. The instruments are carefully made according to the patterns in size, length and angle of point, the working faces finely and accurately serrated. Their adaptability to the varying phases of operating is readily seen from a brief study of the forms.

Short shanks for automatic mallet only.

Nos. 1, 2, 7, 8, 10, 11, 12each \$0.45

" 3, 4, 5, 6, 9, 13, 14 " .35

S. S. WHITE PULP-CANAL CLEANERS



With the knowledge of the correct form for a "nerve-broach," came the need for perfecting that form to give it the highest possible efficiency, as realized in the S. S. White Pulp-Canal Cleaners.

Round in form, tapering from shoulder to point, with barbs grading in size with the taper, accurately placed in a spiral, and carried almost to the extreme point,—they are a marvel of accuracy and efficiency. Spring tempered, little liable to break in proper use.

Four sizes: Extra Fine, Fine, Medium, Large.

In packages of six, separate sizes or assorted.

Package of six \$0.50

Dozen packages of six 5.50

The S. S. White Dental Mfg. Co.

Philadelphia, New York, Boston, Chicago, Brooklyn, Atlanta,
Rochester, New Orleans, Cincinnati, Toronto, Montreal,
San Francisco, Oakland, Sacramento and Berlin, Germany.

Much abused

COMPOUND

is finally

being used for

IMPRESSION work where plaster

has failed utterly.

TAKING perfect impressions cannot

be done

WITH

open mouth

and tense muscles.

MOUTH

must be in

a normally

CLOSED

position and

muscle strain carefully considered, if perfect results are to be attained.

The above statement sounds good, but is it good?

To get the answer attend some of the free clinics and regular classes conducted by Sam'l G. Supplee in the educational department of

SAM'L G. SUPPLEE & CO.

1 Union Square, New York

Write for schedule of Dates, Rates and general information.

Perfect Mechanical Work

DELIVERED IN TIME

Is the keynote of successful practice building. A disappointed patient will show you the importance of discriminating among laboratories. Your selection of

"The New" Dental Laboratory

"THE LABORATORY THAT PROVES"

will end your experimenting. *Your* impressions receive undivided *personal care*. The work—consisting of materials of proven quality—is done with conscience and it is on par only with the finest prosthetic work, generally priced too high for the average practitioner.

Our charges will be satisfactory. Our service too, is prompt and you'll be glad to know us.

Don't continue experimenting but try.

30 E. 14TH ST.
NEW YORK

"The New" Dental Laboratory

"THE LABORATORY THAT PROVES"

1239 Stuyvesant is our telephone number



G E M

Instrument Table with rail

Size 14x16 inches, with 1/4 in. Polished Plate Glass Shelves, polished edges.

This is a very attractive table, neat in appearance and large enough to suit the demands of any doctor.

Price \$4.25 each, freight prepaid to any part of New York State.

Larger sizes made to order at correspondingly low prices.

We manufacture everything in Dental Furniture of Steel and Glass in any Color desired.

If you are interested in our line have our representative call as we can save you from 20 to 50 per cent by buying direct from us. We can make cabinets, tables, etc. to meet the demands of any Dentist, as to style, quality and size of space it is to occupy. We have supplied many of the high class Fifth Avenue Dentists', whom we shall be pleased to name upon receipt of your request.

G. POLL & CO.

1918-24 Harman Street

Brooklyn, N. Y.

To buy of us is a saving to you.
Call and convince yourself

J. Wolinsky

Dental Supplies

411 Grand Street, New York

10 per cent discount to students.

We guarantee the exact fineness
of our solders.

Telephone, Orchard 857

Tel., Orchard 7840—7841

PINSKI - MASSEL PRESS

INC.

DAVID PINSKI, Pres.
JACOB MASSEL, Gen. Mgr.

UNION PRINTERS AND LINTYPERS

In All Languages
FROM A VISITING CARD
TO A NEWSPAPER

125-131 CANAL STREET
NEW YORK

This Journal is printed by us.

NAT'L DENTAL SUPPLY CO.

S. KATZ, Prop.

303 East 34th St. New York

SPECIAL

Slip Covers — — — 3 sets for \$4.00

Office Coats — — — @ .90 each

Laboratory Coats — — @ 1.25 each

Hand Pieces Repaired

Telephone 4293 Orchard

S. L. Sabinson

Dental Laboratory

Good work at reasonable prices.

110 Rivington St.

New York

Advertise in the Progressive
Dentist.

The most closely read Magazine.

DOURMASHKIN

Manufacturer of

SLIP COVERS FOR ANY DENTAL CHAIR MADE

Covers are guaranteed to be of perfect fit,
not to rip and to be of pure Linen.

I ALSO MAKE COVERS FOR HOUSE FURNITURE

Send a postal and I will call with samples.

PRICES CHEAPER THAN ANYWHERE.

58 East 103rd Street, N. Y.

RIGHT GOODS

RIGHT PRICES

RIGHT SERVICE

STANDARD DENTAL SUPPLY CO.

200 East 23rd Street
Phone Gramercy 1449

Near Third Ave.

NEW YORK

"Lack of Knowledge Concerning the Fineness of the Solder Used Has Caused Many Unfortunate Results in Repair Work"

Letter from a Dental Society

Just what we've been claiming for years. It's very uncomfortable to have a piece "melt down" while you are repairing it. But if the dentist who made it bought a "special solder," or one which had been "skimmed" on gold to increase the seller's profit, the piece may melt down for lack of gold.

Such accidents can be avoided by using Ney's Gold Solders which have never been lowered in quality.

The fineness of each of Ney's Gold Solders is as follows:

For 22 K Plate	19.433 Karat	.809 Fine
" 20 K "	17.544 "	.731 "
" 18 K "	15.624 "	.651 "
" 16 K "	13.680 "	.570 "
" 14 K "	11.784 "	.491 "

Fineness of other karats given on request.

You may depend on these solders when used by other dentists. And should any of your work ever need repair, the other dentist will have no reason to censure you if you have used Ney's Gold Solders.

THE J. M. NEY COMPANY

Established 1812

Main Office and Factory:

HARTFORD, CONN., U. S. A.

Retail Salesroom:

**Boston, Colonial Building,
100 Boylston Street.**

AND DEALERS IN ALL PRINCIPAL CITIES